correct age

1. PLACE OF DEATH:

is especially

PLEASE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

Reg. Diat. No. 3.02

County	State waryland county ashington  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. 21 Ligh treet  (If rural, give LOCATION)  i. (DAIleleran, name war.
3.(a) FULL NAME Albert Larry Bagent	3. (b) Social Security Number
male white SINGLE	MEDICAL CERTIFICATION  20. DATE OF DEATH. June 30. 1947 12:40.
8. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19
36 10 14 hrs. min.  9. Birthplace Hagers town, wash. Co. Md. (Town, county, and atate)	Acute ventricular fibrillation  Due to Cerebro-spinal syphilis
10. Usuat occupation	Oue to
13. Birthplace Washington Co. Md.  Susan E. Shank  14. Malden name. Susan E. Shank  15. Birthplace Franklin Co. Pa.	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
Address 819 Corbett St. Hagerstown, Md.  Burial (Burial, cremation, or removal, Which?)  Burial (day) (year)	Autopsy results
Cometery or crematory ROSE HILL CEMETRRY  Location HAGERSTOWN. MD.  18. Funeral director Fred W. Kraiss  Address Hagerstown, Maryband.	Where did Injury occur?
(Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address Hagerstown, Md. Date signed 7/1/47



## WITH UNFADING INK. Supply every item of important. Physicians: please write the causes RESERVED MARGIN

WRITE

PLEASE

SN

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Battimore

#### CEPTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No
1. PLACE OF DEATH: County Washing ton City or town Hagers town (If outside city or town limita, write RURAL and give nearest town) How long in above place of death? 5 Years Hospital, institution, or streef address where death occurred: 817 View St. How tong in hospital or institution?  3. (a) FULL NAME  John Holland Batzley	2. USUAL PESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State MATYLAND County Washington  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. 817 View St.  (If rural, give LOCATION)  None  3. (b) Social Security Number  None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widower r	20. DATE OF DEATH. June 7, 1947, 21 11:50
6.(b) Name of husband or wife Emrca J. Bazzley  6.(c) If alive, give age years  T. Birth date of deceased (mo., day, yr.) January 18, 1851	21. I SERTIFY that death occurred on the date above stated; that I attended deceased from  27. 19 47. 10
8. AGE: Years Months Days If less than one day	
96 4 19hrsmin.	Consissacular renal docume year
9. Birthplace	Other conditions
14. Maiden name Hannah Donley 15. Birthplace Hunlinton Pa.	Major findings of operations.  Date of op.
Address Hagerstown Md.    17.   Burial   Burial   Burial   Burial   Company   Company   Burial   Company   C	Actopsy resofts
Cemetery or crematory Kriders Cenetery Location Westminister Md.	Where did injury occur?
18. Funeral director. Andrew K. Coffman  Address Hagerstown Md.  19. Mate rec'd by registrar)  19. Date rec'd by registrar)  Registrar	Means of Injury  23. SIGNATURE  M. D. or other  Address. Date signed 6.9.44

JUN 11 1947 BUREAU F 8 2411 N. Charles St., Baltimore

98

Dr. Hosnbykse

#### CERTIFICATE OF DEATH

(5348 Reg. Dist. No. 3302

1. PLACE OF DEATH:  Washington  City or town	2. USUAL RESIDENCE (HOME) OF DECEASED:  ((For newhorn infants give residence of mother)  State Maryland County Washington  City or town Clearspring  ((If outside city or town limits, write RURAL and give nearest town)  Street No. Main Street  ((If rure), give LOCATION)  2.(a) If veteran, name war. None
AARON LUTHER BARTLE	3. (b) Social Security Number 216-22-1847
Male White Married  6.(a) Single, married, widowed, or divorced  Married  6.(b) Name of husband or wife Martha E. Mouse	MEDICAL CERTIFICATION  20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years   Months   Days   tf tess than one day   74   9   8   hrs	and that I last saw h. All. alive on
9. Birtholace Clearspring Washington Co. Md.  (Town, county, and state)  10. Usual occupation Carpenter  11. Industry or business Statton Funniture Co.	Due to Antrioseliste Street Diotase with Congestive Street Dulle 1 000- Due to
13. Birthplace Clearspring Md.  H 14. Malden name Susan James  15. Birthplace Clearspring Md.	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant Mrs. Glenn Shadrack  Address Hagerstown Md.  17. Burial Date Ihereol 6/27/47 (Burial cremation, or removal Which?)  Cemetery or crematory Catholic Cemetery	Actionary results
Location Clearspring Md.  18. Funeral director. Andrew K. Coffman  Address Hagerstown Md.  19. Make rec'd by registrar)  19. Make rec'd by registrar	Injured at home. tarm, Industry, public place (where?)  Means of Injury  Injured at work?  23. SIGNATURE  LOW WAS AS - M. D. or other  LOW WAS AS - M. D. or other  Address  J. Town Low



AND THE PROPERTY OF THE PARTY O

JUN 27 1947

MTREAT! F &

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

05349

#### CERTIFICATE OF DEATH

Reg. Dist. No. 302

County			2. USUAL RESIDENCE (HOME) OF DECLASED: (For newborn infants give residence of mother)  Naryland State		
	l or Institution?	G LELYS	2.(a) If veteran, name war.		
3. (a) FULL NA		eber E. Bohrer	3. (b) Social Security Number		
4. Sex	5. Color or race	B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Married	20. DATE OF DEATH. June 24 19.47 217:15p.		
6.(b) Name of husba 7. Birth date of deceased (mo., da	T	ara V. Bohrer  B.(c) If alive, give age 55  rv 25 1899	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  years  and that last saw h and alive on June 24. 19. 4.		
	ears   Months	Days If less than one day	Immediate cause of death Con College		
4:	8 4	29hrs.	min. less - show to rever		
10. Usual occupation	Ca rpe Ferger	Springs W.Va. ounty, and state) nter son Co.	Due to. Due to. Due to.		
12. Name	hurchwell Berkley	E. Bohrer Springs W.Va.	Other conditions (Include pregnancy within 3 months of death)		
E 15 Birthniace	lcy M. F Berkley	Springs W. Va.	Major findings of operations		
Mr	s. Clara V agerstown	. Bohrer Route 1	Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Buri	al ion, or removal. Which?) Rose H	Date thereof. 6-27-47 (month) (day) (year ill Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Location	nager	stown Md.	Injured at home, farm, Industry, public place (where?)		
	Scott	F. Minnich & Son	Means of Injury tnjured at work?		
1B. Funeral directo	Hagers		23. SIGNATURE W. Howard yegger		
19. Date ree'd by	e 27.1847	-GHARHBOWE	Ab Dorother Address Hagerslower, Md Date signed June 25, 144		

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JUN 30 1947

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VS A15

1. PLACE OF DEATH:

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

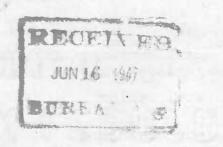
13100

2. USUAL RESIDENCE (HOME) OF DECEASED:

05350

#### CERTIFICATE OF DEATH

County	Washingt	an man		(For newborn infants give residence of r		
				State Maryland washington		
			tURAL and give nearest town)	City or town		
How long in above	place of death? Li.					arest town)
	n, or street address where		Hospital	- 100. NO.	rotomac st.	
				(If rural, give LOCATION)		
				2.(a) If veteran, name war		***************************************
3. (a) FULL N		s Edwa	rd Braungard		3. (b) Social Security None	Number
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	2-
Male	white	9	married	20, DATE DE DEATH WELD.	1947	1175
	A 11 m 11 c		zaungard years c) If alive, give age years 1869	21. I CERTUX that death occurred on the date about the state and that I last saw h	re staled; that allended dece	ased from 19 47
	Years   Months	Days	tf tess than one day	Immediate-cause of death	5 0 +	DURATION
	77 9	27	hrsmin.	Vittery Scherping	tephinis	ama.
10. Usual occupation of the state of the sta	siness  acob Bra  Washing	ealer ungar ton Co	d • Md•	Due to	nonths of death)	7.
14. Maiden n	ame Almira	Hawba	ker	Major fiedings of operations.		
15. Birthplace	Frankl	in Co.	Penna.		Dale of op.	
16. Intermant	Almira Frankl: Mrs. Mary	C. Br	aungard	Antopsy results.		and at a H
Address 3	32 S. Pot	omac S	t.Hagerstown. 1	PHYSICIAN: Please underline the cause to wh		stansucady.
	ial ation, or removal, Which		eof June 13, 194' (month) (day) (year)	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	III. and the second second	
Cemetery or cre	ematory Rose	Hill	Cemetery	Where did injury occur?(City or town)	(County)	(State)
Location	Hagerst	MM	d	Injured at home, farm, Industry, public place (wh	ere?)	**********************
18. Funeral direct	or bred w	hrai	S.S	Means of tnjury	tnjured at work?	
Address Ha	gerstown,	md.	0 160	23. SIGNATURE CONTINUED	Wo	
19 Date rec'd b	2 5. 1947 by registrar)	-PK	Registrar	Address Iton entime, A	M. D.  Date signed.	6/12/4)



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

1. PLACE OF DEA	ATH:		-11-1	2. USUAL RESIDENCE (HOME (For newborn infants give residen	E) OF DECEASED:	
City or town	agerstown	nita Wat	TVland URAL and give nearest town)		County Washing	gton
8 Eliza	beth Stre	et	d:	8 Elizabeth Street		
How long in hospifal or				2.(a) It veteran, name war		
3. (a) FULL NAME		le E.	Brewer		3. (b) Social Section None	urily Number
4. Sex	5. Color or race	B.(a)Sing	e, married, widowed, or divorced	MEDICAL	. CERTIFICATION	V
Male	White	W	idower	20. DATE OF DEATH	611 19.1	47 at 11.55 P.
6.(b) Name of husband	or wite. Virg	gie U	Brewer	21. I CERTIFY that death occurred on the da	te above etated; that t affende	d deceased from
			(c) tf alive, give ageyear	J730		41.
T. Birth date of deceased (mo., day, y	0 - 1		29, 1872	and fhat I last eaw halive on		
8. AGE: Yeare		Daye 3	tf less than one day	auste reprivatory	failure	DURATION > Rous
10. Usuat occupation	Retired	Merc	n. Co. Md. atate) hant	Oue to assure us of at anta & compress Oue (artis seles to Non-syphilitic	ion of 1. lung	- Store
12. Name	Hagerstov	vn, M	r aryland	Other conditions		
14. Maiden name. 15. Birthplace	Emma J.	Cook	and and	Major findings of operations		
≥ 15. Birthplace	Tager 500	ATT 9 14T	ar y Lamu		Oate of op.	
16. Informant	rs. Thoma			Antapsy results	tn which death should be ch	parged statistically.
	, or removal. Which?		reof. 6-4-47 (month) (day) (year)	22. VIOLENCE: If death was due to extern  Accident, suicide, or homicide		
Cemetery or cremato	, Rose I		Cemetery	Where did injury occur?(City or to		
COSETION			yland		ce (where?)	
18. Funeral director	C. M. S	uter .	& Sons	Meane of Injury	Injured at work	
Address H	agerstown	n, Ma	ryland	23. SIGNATURE John STA	tomba ke s	2.70.
19. Date rec'd by re	3, 1947	fi	hasth Lowers	154 w. wa	trigton Js -	M. D. or other

MARGIN RESERVED FOR BINDING

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JUN 5 1947

A Section 1

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

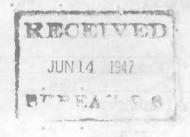
#### CERTIFICATE OF DEATH

114d

30 2 Reg. Diat. No ...

05352

PLACE OF DEATH: Ounty Washi	WATER THE IN	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State	gton
How long in above place of death?	r town limits, write RURAL and give nearest town)	City or town	
3. (a) FULL NAME	WILLARD	CANFIELO 3. (b) Social So	ecurity Number
4. Sex 5. Color or Male Wh1	Manual - 3	MEDICAL CERTIFICATION 20. DATE OF DEATH LUCK 10.1947. 19	ON DST.
7. Birth date of	ary Tedrick Canfield  5.(c) If alive, give age 19 year	21. I CERTIFY that doath occurred on the date above stated; that I atten	
deceased (mo., day, yr.)  8. AGE: Years   Month 39		Immediata canse of death	DURATION 1
9. Birthplace Phillip 10. Usual occupation	(Town, county, and state)	Due to	
14. Maiden name	nown W. Va.	(Include pregnancy within 8 months of death)  Major fiedings of operations	o lione.
16. Informant	ring, Md. R. F. D.  Date thereof June 12 194 (month) (day) (fear)	Antopsy results	charged statistically.
Cemetery or crematory	Paul was leve Pe Ro	Where did injury occur?	(State)
18. Funeral director. Each	le V. Geaf en welle and son n	Means of injury Injured at w	when
19 (Date rec'd by registrar)	47 Carles A Jours	3 Co. On Ind	M. D. or other signed 6 - 11 - 4



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. It is especially important. Physicians: please write the causes of death clearly and legi

PLEASE

VS A15

age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

460

05353

#### CERTIFICATE OF DEATH

Diat. No. 302

				CERTIFIC			Reg. Dist. No	
1. PLACE OF D	EATH:		~ <del>*</del> * * *	2	2. USUAL RESIDENCE	E (HOME)	OF DECEASED:	
County		City or town	erstown	county Washington  nyes, write RURAL and give ne tomac Street				
				ital	2.(a) It veteran, name war	(If rural, g	ive LOCATION)	***************************************
3. (a) FULL NAM	1E						3. (b) Social Security	Number
	Sad	ie V	. Ch	arles			None	
4. Sex Female	5. Color or ra Whit	ce	6.(a)Singl	e, married, widowed, or divorced	20, DATE OF DEATH	(leens	CERTIFICATION	Hisa.
6.(b) Name of husban	d or wite Ha	rry	м. С	harles	21. I CERTIFY that death por	urred on the date	above stated; that Lattended dec	
7. Birth date of deceased (mo., day	••••		6.(	e) I1 alive, give age72	and that I last saw h	allve on	V / A -X	19
8. AGE: Yes		011100	Days	It less than one day	Immediate cause of death	auno	us locox	DURATION /
7	2 5		14	hrs	min.		0	
9. Birthplace	Ho George	usew	ife		Due to Difficulty Out to Differ Conditions Core	seene le	house of	Lyn
	Virgi Marth		ayto	on .		/	3 months of death)	
14. Maiden nam 15. Birthplace	Virgi				Major findings of operation		Date of op.	
16. Informant	larry l	I. Ch	arl	23	Antoney results	0	which death should be charged	d statistically.
Address Ha.  17. Bural cremati Cemetery or crem	igl on, or removal.	Which?)	Date the	6-10-47		as due to external	causes, fill in the tollowing;	
Location H	agerst	own,	Mar	yland			(where?)	
				Sons	Means of Injury	1/	Injured at work?	,
Address Ha	gersto	wn, l	lary	land	23. SIGNATURE	ouar	Treog	/
19. (Date rec'd by	colo, 19	47	6	Karff Hower	y Haser	slom,	M. D. Date signed	b-9-4



(Date rec'd by registrar)

#### MARYLAND STATE DEPARTMENT OF HEALTH

05354

1. PLACE OF DEATH:	neton	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of mo	ther)
Lounty		State Maryland County	ashington
City or town(If outside city or town limit	write RURAL and give nearest town)	City or town Hagers vown	
How long In above place of death?	h accurred	Fourth and O	write RURAL and give nearest town
ashington Count	y Hospital 7 days	Street No. (If rural, give Lo	
How long in hospital or Institution?		2.(a) If veteran, name war	<b>-</b>
3. (a) FULL NAME			3. (b) Social Security Number
	illiam Randolph		
	6.(a)Single, married, widowed, or divorced	MEDICAL CER	
Male White	Single	20. DATE OF DEATH. June 15	47 6:
6.(b) Name of husband or wife		21. I CERTIFY that death occurred on the date above	stoled: that I attended daceased from
D.(o) Name of nusbane of wife		The !!	to the last
7. Birth date of Nov	16, 1879	and that last saw halive on	me [V
deceased (mo., day, yr.)  8. AGE: Years   Months	Days   If less than one day	Immediate cause of doth	They 3
6867 67	29hrs	in.	
Chambersburg	Franklin Pa.	B. 6	***************************************
9. Birthplace(Town, cou	nty, and state)	n Due 10	
10. Usual occupation. Labor	er	Due to.	
11. Industry or business Build			1
H 12. NameUnkno	n	Dther conditions Collec	Jenou
12. Name			
# 14. Maiden name		(Include pregnancy within 3 mo	
E 15. Birthplace		Majnr fiadings of nperatinns	
Mrs. Ida Col	bert	Autmosy results.	
16. Informant	***************************************	PHYSICIAN: Please underline the cause to which	h death should he charged statistica
HO GO TO TO WO			
Address Hogerstown		22. VIOLENCE: If death was due to external cause	s, fill in the following:
Burial	6-17-47	22. VIOLENCE: 11 death was due to external cause  Accident, suicide, or homicide	
Burial (Burial, cremation, or removal, Which?) Rose H	Date thereof 6-17-47 (month) (day) (year)	Accident, suicide, or homicide	Date of
Burial (Burial, cremation, or removal. Which?) Rose H Cemetery or crematory	Date thereof 6-17-47 (month) (day) (year) ill Cemetery	Accident, suicide, or homicide	(County) (State
Burial (Burial, cremation, or removal, Which?) Rose H Cemetery or crematory Hagers	Date thereof 6-17-47 (month) (day) (year) ill Cemetery	Accident, suicide, or homicide	(County) (State)

JUN 18 1947 BUREAU V S MARYLAND STATE DEPARTMENT

CERTIFICATE OF STHEBERTER

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation

		3 50411	de ad weeks gestation of more (see stub)
1.	PLACE OF BIRTH:	2.	USUAL RESIDENCE OF MOTHER: (1525)
	County Markinglor		State
1	City or town Astrony		County bashing to
	(If outside city or town limits, write RURAL and give nearest town)		The state of the s
	Street address, hospitator institution:		(If outside city or town limits, write RURAL and give negrest town)
-	lasting to Court Hayful		Street No. 134 S. Malary St.
	Length of mother's stay in County. (How many years, or months, or days. SPECIFY WHICH)		(If RURAL give LOCATION)
3.	Name of child by hamed falk of the sold Total	try"	Date of birth face of 19/7 Houlf: 127 M.
5.	Sex Jewel   6. Twin or triplet		No. of weeks pregnancy. 3 6
	FATHER OF CHILD		MOTHER OF CHILD
8.	Full name Harva S. Ledauny	12.	Full maiden name this tous land of work
	Color	13.	Color 14. Age at time of this birth 15 yrs.
11.	Usual occupation the the town		Usual occupation North
16.	Other children born to mother (not including present child)	: (a)	How many children of this mother are now living?
	(b) How many other children were born alive but are now dea	ad ?	(c) How many other children were born dead?
17.	Did child die before labor? 20 During labor? 20.		Cause of stillbirth. Please he specific For terms like
	Pregnancy, complications of 10		prematurity, asphyxia, etc., try to add cause thereof.
	D. A. F.	-	(a) Fetal causes la la la casar lynamorhonia
19.	Labor: (a) Complications of Buch presentation		(b) Maternal causes & W.Ch. Juniahoren
20	(a) Was there an operation for delivery?	22.	(18) pertonent & duette)
20.	(Vos or No)	22.	I certify to the birth of this child who was born dead* on the date and hour above stated.
	(b) State all operations, if any	:	Signature Watter H. Study In 9.
	(c) Did child die before operation?		(Specify if M. D., midwife, of other)
	During operation?		Address harpshorg me
23.		25.	11. 12 10/12 11/A - 11
	(Burial, cremation or removal)  (c) Cemetery or crematory		(Date rec'd by registrar) (Registrar)
24.	(a) Funeral director Andrew K. Coffee	26.	(To be filled out if no physician was present at delivery.) The above certificate has been examined by me.
	(b) Address 1+AGEILS to won md		Health Officer, per
	See Instruction C on stub.		

RECORD VASID

JUN 7 1947

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#### MARYLAND STATE DEPARTMENT OF HEALTH

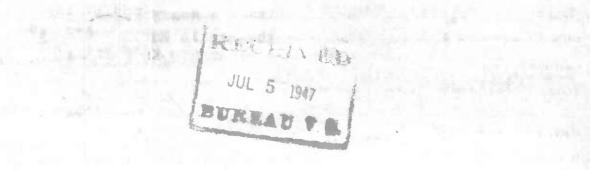
2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Dr.	Conrac	3	56

BC				
Reg.	Dist.	No.	3	7.0

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washington Breathedsville	State Maryland County -
(If outside city or town limits, write RURAL and give nearest town)	Pol +i more
How long in above place of death? 18 Days Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
Md. State Ref. for Mades	Street No. 414 South Dallas St
How long in hospital or institution? 18 pays	2.(a) If veteran, name war W. #2 A. S. N. 33374903
3. (a) FULL NAME	3. (b) Social Security Number
CLARENCE HENRY DORSEY Jr.	217-09-2569
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Single	20. DATE OF DEATH June 27 1947 19 28 P M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that i strended deceased from
6.(c) If alive, give age	June ( 1947, 10 June 27 194)
7. Birth date of	and that I last saw h usu alive on June 217 19 47
deceased (mo., day, yr.)   May 22 1910	Immediate cause of death
o. Aut.	D T D
	Tolu faculous 6 mo.
9. Birthplace Baltimore Md. (Town, county, and state)	Due to
10. Usual occupation Laborer	
	Due fo
11. industry or business Clarence Dorsey	Dither conditions.
12. Name Clarence Dorsey 13. Birthplace Baltimore Md.	
E 14. Malden name Louise Dorsey	(include pregnancy within 3 months of death)
	Major findings of operations
	Date of op.
16. Informant Md. State Ref. Files	Autopsy results
Address Breathedsville Md.	
Burial Date thereof 7/0/47	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) year)	
Cemelery or crematory	Where did Injury occur?
Location 13 allurone md	injured at home, farm, industry, public place (where?)
18. Funeral director Anuzew K Correman	Means of injury Injured at work?
Address Hagi=125 town md.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23. SIGNATURE M. D. or other
19. State and by registrary	Address Chapers Form Md Bala signed 6-28-47



Manager A comple

WE

Hospital, Institution, or street address where death occurred:

1. PLACE OF DEATH:

How long in above place of death?..

How long in hospital or instilution?..

3. (a) FULL NAME

4. Sex

7. Birth date of deceased (mo., day, yr.)

10. Usual occupation..... 11. Industry or besin

13. Bigthplag

HL 14. Malden na 15. Birthplace 14. Malden name..

16. Informant

8. AGE:

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05357

CERT	IFI	CATE	OF	DEA	TH
	A 4 4		U A		

write RURAL and give nearest town)

...... 6.(c) If alive, give age ... 5.9

If less than one day

(month) (day) (year)

E OF DEATH	Reg. Diat. No. 306
2. USUAL RESIDENCE (HOM (For newborn infants give reside	(E) OF DECEASED:
City or town	County Mashington
Street No.	1 -i Logamoni
2.(a) If veteran, name war	al, give LOCATION)
	3. (b) Social Security Number 173-03-1564
MEDICA	L CERTIFICATION
20. DATE OF DEATH J.	6 1947 11/304

20. DATE OF DEATH	b 19.47 at 1.'3
21. I CERTIFY that death occurred on the date above	stated; that fattended deceased from
and that I last saw halive on	6-47 18
Immediate cause of death	DURATI
Melaus e si	theliona
Due Io.	الحرا
Due to Curyund s	le
Other conditions	

(Include pregnancy within 3 months of death) Major findings of operations.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Where did injury occur? .....(City or town) (County) (State)

Injured at home, farm, Industry, public place (where?) .....

Magna of Injury Injured at work?

23. SIGNATURE

information carefully of death clearly and tem of i item every it Supply evelease write Q ADING INK.
Physicians: 1 important. s especially

FOR BINDING

MARGIN RESERVED PLAINL WRITE PLEASE

A15

JUN 9 1947 BUREAU C 6

Dr. Ditto

05358

#### 2411 N. Charles St., Baltimore

CERTIFICAT	TE OF DEATH	Reg. Dist. No. 302
1. PLACE OF DEATH:  County Washington  City or town. Agers town  (If outside city or town limits, write RURAL and give nearest town)  How long in above piace of death? 1 Day  Hospital, institution, or street address where death occurred:  Washington County Hospital  How long in hospital or institution? 1 Day	2. USUAI, RESIDENCE (HOME) OF  (For newborn infants give residence of mo  State	write RURAL and give nearest town) am St.
3. (a) FULL NAME  MRS CLARISSA MORIN FOLTZ		3. (b) Social Security Number None
4. Sex 5. Color or race S.(a) Single, married, widowed, or divorced	MEDICAL CER	
Female White Married	20. DATE OF DEATH June 19,	19.47 21.8
5,(b) Name of husband or wife Samuel E. Foltz  5,(c) If alive, give age 64 years  7. Birth date of deceased (mo. day vr.)  March 21 1883	21. I CERTIFY that death occurred on the date above	10 6 - 19 - 458 -/4-47 19
deceased (mo., day, yr.) MATCN 21 1883  8. AGE: Years   Months   Days   Illess than one day	Immediate cause of death	
64 2 28	Corner Juse	- A4
9. Birthplace Hagerstown Washington Co Md  (Town, county, and state)  10. Usual occupation Housewife  11. Industry or business  Own Home  12. Name David H. Morin  13. Birthplace Williamsport Md.  Washington Co Md.  Williamsport Md.  Washington Co Md.	Due to	onths of death)
16. Informant Samuel E. Foltz	Autopsy results.	
Address Hagerstown Md.  17. Burial Date thereof 6/21/47 (Burial, cremation, or removal, Which?)  Cemetery or crematory Bunkard Cemetery	PHYSICIAN: Please underline the cause to which 22. VIOLENCE: It death was due to external cause Accident, suicide, or homicide	ch death should be charged statistically.  s, fill in the tollowing;  Date of
Location Broadfording Md.	injured at home farm, industry, public place (when	Injured at work?
18. Funeral director Andrew K. Coffman	CV . a	1_
Addie Hagerstown Md.  19 (Lune 20, 19 47 Phospf Howers)  19 (Date rec'd by registrar)  Registrar	23. SIGNATURE TUBE  Address Herestia	M. D. or other

BINDING FOR RESERVED WITH UNFADING INK. Supply every item of information care important. Physicians: please write the causes of death clearly

age



VS-A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05359

#### CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:  County Washington County  City or fown. Hage is town Mo.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 2 days  Hospital, institution, or street address where death occurred:  Washington County Hospital  How long in hospital or institution? 2 days		City or town Clearspring (1f outside city or town limits Street No. Blairs Vall (If rural, give	OF DECEASED: f mother) oucly	
3.(a) FULL NA	me e Louise	French		3.(b) Social Security Number
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL C	CERTIFICATION
Female	White	Married	20. BATE OF DEATH Line	20, 1947 1 34
	D 6	d Ernest French  5.(c) If allve, give age 43years 3 1909	21. I CERTIFY that death occurred on the date a	boys stated; that I attended decessed from  9 47 10 18 44 7
8. AGE: Ye	Months 5	Bays If less than one day 28hrs. min.	Immediato cause of death Carol	iac Failur 2 day
10. Usual occupatio	Housew	t, Md., county, and atate) ife	Bue to Bronche  Oue to	al Gothma 2 yr
11. Industry or busing 12. Name J. 13. Birthplace		auley	Other conditions	
14. Malden name Bessie Wolford  15. Birthplace Maryland		(Include pregnancy within	•••••••••••••••••••••••••••••••••••••••	
		est French Md RFD #2	Antopsy results	which death should be charged statistically.
Burial  (Burial, cremation, or removal, Which?)  Bate thereof (month) (day) (year)			Date of	
Cemetery or crematory Blaires Valley Cemetery		Where did injury occur?(City or town		
Location C1	earspring	Md. RFD #2	Injured at home, farm, Industry, public place	
18. Funeral director. Edith V. Leaf  Address #7 Church St. Williamsport, Md.		Means of Injury	Pasewer M.D.	
19 June (Date rec'd by	24. 19.47 registrar)	Charles Powers	23. SIBNATURE Clear Sfor	M. D. or other ing Malale signed Cal 24 July

La la matricola de la companya della companya della companya de la companya della companya della



BUREAU F 6.

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Included is especially important. Physicians: please write the causes of death clearly and legible

PLEASE WRITE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

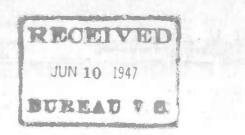
93d

05360

#### CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:  County	
City or town H Q C C Y ST. O.W.H.	nington
How long in above place of death? 16 years (If outside city or town limits, write RURA	L and give nearest town)
Hospital, institution, or street address where death occurred:  Street No. 372 North Foundry 5	rtaer
(II Idia), give booking)	
How long in hospital or institution?	
3. (a) FULL NAME 3. (b) So	cial Security Number
Richard R. Gooding 220	-10-3871
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   MEDICAL CERTIFICAL	ATION
Male White Married 20, DATE OF DEATH CALL	
5.(b) Name of husband or wife Lessie L. Gooding 21. I CERTIFY that leath occurred on the date above stated: that	i attended deceased from
5.(b) Name of husband or wife	19
7. Built date of and that I last saw h alive on	
deceased (mo., day, yr.) April 12, 1880	
8. AGE: Years Months Days If less than one day  67 1 25	ic 5yrs
9. Birthplace Washington D.C. Due to myocardial heart	diasease
(Town, county, and state)	20hrs
10. Usual occupation. Laborer Bue to coronary occlusion	ZUILI
11. Industry or business	
12. Name Gooding Other conditions (Include pregnancy within 3 months of dear	
13. Birthplace Virginia (Include pregnancy within 3 months of deal	
(Include pregnancy within 3 months of deat	
Major indiags of operations.	
≥ 15. Birthplace VIIIII	
16. informant Mrs. Richard R. Gooding Antopsy results no	
Hagarataum Maryland	
22. VIOLENCE: IT death was due to supernal causes, the lift the	following:
17. Burial  (Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)	Oate ot
(Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)  (City or town)  (City or town)  (City or town)	
The state of the s	
Location Berryville, Virginia Injured at home, farm, industry, public place (where?)	
Means of injury	red at work?
	ENTRY MEDICAL EXALT
Address, Hagerstown, Maryland 23. SIGNUTE Wells	WALL CO., MD,
Green 8 117 Brash Inverse	M. D. and M. D. Jef.



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

05361

#### CERTIFICATE OF DEATH

	2005.0000
1. PLACE OF DEATH: Washing atom	2. USUAL RESIDENCE (HOME) OF DECEASED:  {For newborn Infants give residence of mother)
City or town Hagerstown	State Maryland county Washington
City or town	City or town
Hospital, Institution, or street address where death occurred:	Street No. 432 M. Janathan Street
How long In hospital or Institution?	(If refal, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number 214-10-5703
A. Sex 5. Color or race 6/b) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male negro Widower	2D. DATE OF DEATH. 12 17 19 47 at [1 9
nanner Hanisa	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	June 11 1947, 10 to some 10
7. Birth date of	and that t last saw h / M alive on
deceased (mo., day, yr.) Thrushy 8, 18 T	Immediaic cause of death Condination DURATION
8. AGE: Years Months Days If less than one day 3 24hrsmin.	parlinen 1 ha
Falling Waterd YN 7/21	Due to anternasclements 5+4x
9. Birthplace	general sod
10. Usual occupation Labor	Due to.
11. Industry or businessy Putomac Edeson	
12. Name alex Harrian Waters W. Va	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Susce Hayes  15. Birthplace Falling Waters	Major fiadings of operations
15. Birthplace Falling Waters	Date of op.
16. Interment Mrs. Mary Staley	Autopsy results
Address 432 N. Sanetlean Street,	
17. Burial, cremation, or removal. Which?)  Date thereof	22. VIOLENCE: 1t death was due to external causes, till in the tollowing:  Accident, suicide, or homicide
King the NV Can alana	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory	
Location Waghstown Md.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director I Mann H ha provinces	Means of Injury Injured at work?
Address & 9/ Fredrick St Hagerstown	23. SIGNATURE KOLINTUCCIMP BOI MN
19 June 15, 1947 GraffBowers	Address Daenstown Md Date signed June 12/1
(Date rec'd by registrar) Registrar	Walless

FOR MARGIN RESERVED ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly

correct age

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PLAINLY, V is especially

WRITE

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JUN 17 1947

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

, Baltimore 15

05362

#### CERTIFICATE OF DEATH

Reg. Diat. No. 302

	Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  State Maryland County Washington  City or town Hagers town (If outside city or town limits, write RURAL and give nearest town)  Street No. 83.3 Maryland Ave. (If rural, give LOCATION)  2.(a) If veteran, name war. None  MEDICAL CERTIFICATION
Female White Single	20. DATE OF DEATH June 30, 19 47 at 1:30F
5.(b) Name of husband or wife	21. I CERTUPY that death occurred on the date above stated; that attended deceased from  1947, to 1947, and that last saw h. 24 alive on 1947, and the last saw h. 24 alive on 1947, and the last saw h. 24 alive on 1947, and the last saw h. 24 alive on 1947, and the last saw h. 24 alive on 1947, and the last saw h. 24 alive on 1947, and the last saw h. 24 alive on 1947, and the last saw h. 24 alive on 1947, and the last saw h. 24 alive on 1947, and the last saw h. 24 alive on 1947, and the last saw h. 24 alive on 1947, and the last saw h. 24 alive on 1947, and the last saw h. 24 alive on 1947, and the last saw h. 24 alive on 1947, and the last saw h. 24 alive on 1947, and the last saw h. 24 alive on 1947, and the last saw h. 24 alive on 1947, and the
7 hrs. 30 min.	Transfer Colonk & has
9. BirthplaceHagerstown, Washington Co. Md.  10. Usual occupation None  11. Industry or business  12. Name Thomas M. Harr  13. Birthplace Hagerstown Md,  14. Maiden name Pearl M. Alger  15. Birthplace Shenandoah, Va.	Due to
16. Interment Bhomas M. Harr	Antopsy results
Address Hagerstown Md.  Burial Burial Date thereof 3/1/47 (Burial, cremation, or removal, Which?)  Cemetery or crematory Rose Hill Cemetery  Location Hagerstown Md.  18. Funeral director Andrew K. Coffman  Address/ Hagerstown Md.	22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide
19. July 1. 1947 Class Bowers, Date receipt registrar)  Registrar	Address Hagestonn M. D. Date signed 6/30/4



# RESERVED FOR BINDING MARGIN

PLEASE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

#### CERTIFICATE OF DEATH

0536305 Rog. Diat. No. 305

300 Dr. Wells

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
countyWashington	state Maryland county Washington
City or town Fairplay (If outside city or town fimits, write RURAL and give nearest town)	
How long in above place of death? 20 Years	City or town Fairplay (if outside city or town limits, write RURAL and give nearest town)
Nospilal, institution, or street address where death occurred:	Street No. Tilghmanton
Tilghmanton	(If rurnl, give LOCATION)
How long in hospital or Institution?	2.(a) If veleran, name war None
3. (a) FULL NAME	3. (b) Social Security Number
JOHN HENNESY	None
4. Set   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	2D. DATE OF DEATH. June 24 19. 47 at 7 A M
6.(b) Name of husband or wife None	21. CERTIFY that death occurred on the date above stated; that I attended deceased from
5.(0) Name of husband or wifeAX.C.ALS	1 01 1 0 - 1011
7. Birth date of October 6 1881	and that I last saw he A alive on Jove # 19 7 ?
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years   Months   Days   If less than one day	Spring day in the
65 8 18hrsmin.	Malaby Ventricular Librillation
9. Buthplace Tilghmanton, Washington Co. M. (Town, county, and atate)	Thome my tendetis 5 gra
10. Usual occupation Laborer	Due to.
11, Industry or business	
E 12 Name Peter Hennesy	Diher conditions
Peter Hennesy  13. Birthplace Ireland	
	(Include pregnancy within 3 months of death)
	Major findings of operations
	Date of op.
16. Informant Mrs. Howard Hennesy	Antopsy resolis.
Address Fairplay Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
2/200/100	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial (Buriat, cremation, or removal. Which?)  Bate thereof. 6/27/47 (month) (day) (year)	Accident, suicide, or homicide
Cemelery or cremalory Rose Hill Cemetery	Where did lnjury occur? (City or town) (County) (State)
Location Hagers town Md.	Injured at home farm, industry, public place (where?)
18. Funeral director Andrew K. Coffman	Means of Injury Anjured at work?
	DAM Sie aly Mit
Address Hagerstown Md.	23. SIGNATURE M. D.
19. June 25 19 47 John V. Oash	Address to the state of the sta

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JUN 30 1947

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

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### MARYLAND STATE DEPARTMENT OF HEALTH

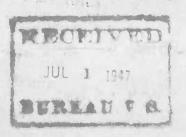
2411 N. Charles St., Baltimore

93d

# CERTIFICATE OF DEATH

(15363 Reg. Dist. No. 302

1. PLACE OF DEATH: ( ) Ohis ATTEN	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother).	
County	State Marshaul County Washing	tru
(If outlide city or town limits, write RURAL and give nearest town)	City or town Haseistaue	
How long in above placed death? Thoules	(If outside city or town limits write RURAL and give nea	rest town)
Hospital, institution, or street address where death occurred:	Street No. 124 W. Church Street	il),
How long In hospital or institution?	(If rural, give LOCATION)	
3. (a) FULL NAME	3. (b) Social Security	Number
Leray C. House		1970.14
4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	EDT
Thate Regio Married	20. DATE OF DEATH. June 25 1947	, at
8.(b) Name of husband or wife & Catherine House	21. I CERTIFY that death occurred on the date above stated; that I attended decea	ised from
	veare	19
7. Birth date of deceased (mo., day, yr.) and 23, 1890	and that I last saw halive on	19
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death	DURATION
57 2' 2hrs.	min.	
Hosestyn Wash md.	ou acute alcoholic narcosis	***************************************
9. Birthplace (Town, eounty, and state)		***************************************
10. Usual occupation.	chr. arteriosclerotic	
11. Industry or business	coronary heart disease	****************
\[ \frac{1}{2} \ \text{Name}  \text{Benjamin}  \text{Aouse} \]	Other conditions	
\$ 13. Birthplace / Lagerstanne, md	(Include pregnancy within 3 months of death)	
# 14. Maiden name Jehny Belt		
15. Birthplace Frederick, md.	Major fiediogs of operations	
16. Informant Mrs. Nellie Williams		194
Address Harrisburg Pa.	Actopsy results	statistically.
B 1. 6/5/0/47	22. VIOLENCE: It death was due to external causes, fill in the tollowing:	
(Burlai, cremation, or report). Which?)		
Cemetery or cremotory (Rose Hell Cemetery	Where did injury occur?(City or town) (County)	(State)
Location Hagerstown, Ind.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director At Many 4D organis	Means of Injury Injury Injury at mork a FD	IEAL .
Address All Bridge st Hagersleve	Shop the an IMA	OH NE
Leaves 3 Co 13 De 1/6/2 men	23. SIGNATURA IN ONLY Wello	
(Date rec'd by registrar)  (Date rec'd by registrar)  Registrary	Harrison ) - 1 Qu	ne 27/4
(Date rec d by registrar)	Audress	



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05365

				VI
CERTI	FICATE	OF	DEATH	- 1

					Keg. Diat. No	
1. PLACE OF DE	Was	shingt	on	2. USUAL RESIDENCE (HOME) OF DEC	r)	
City or fown	nagerst	own		State Maryland County W	asningtor	2
How long In above place Hospital, institution, or Washing	of death?	death occurred	URAL and give nearest town)	City or town Clear Spring (If outside city or town limits, write Main St.  (If rural, give LOCA	RURAL and give nes	rest town)
			***************************************	2.(a) If veteran, name war		
3. (a) FULL NAM		nuel N	• Hull	3.	(b) Social Security None	Number
4. Sex	5. Color or race	B.(a)Singi	e, married, widowed, or divorced	MEDICAL CERT	FICATION	
Male	White	M	arried	20, DATE OF DEATH June 12, 194		5.A.
6.(b) Name of husband			Hull  i) It alive, give ageyears	21. I CERTIFY that death occurred on the date above state	. 10JUNE	12, 19 47
7. Birth date of	More	23, 1		and that I last saw hI.M, alive onJUNE	12, 1947	19
deceased (mo., day,	7117	Days	I If less than one day	Immediate cause of death		DURATION
8. AGE: Years		20		CARDIAC DILATATION, AC		
9. BirthplaceW.£	77 7		ty, Md.	Due toARTERIOSCLEROTICHE.	ART	1 YEAR
11. Industry or busines	<sup>U</sup> nknown			ARTERIOSCLEROTIC GANGRE LOWER EXTREMITY Dther conditions	NE, RIGHT	19 DAYS
	Unknown				,	
14. Maiden name.		gton C	County, Md.	(Include pregnancy within 8 months  Major fiedings of operations	CLEROTIC GA	
	rs. Clar	a L.	Hull	Autopsy results NONE		
Address	Clear Spr	ing.	Md.	PHYSICIAN: Please underline the cause to which de-		statistically.
Buria (Burial, cremation		0.	June 15, 1947	22. VIOLENCE: If death was due to external causes, fill Accident, suicide, or homicide		
			Cemetery	Where did injury occur?(City or town)	(County)	(State)
			ing Route 40	Injured at home, farm, Industry, public place (where?)		
18. Funeral director,			d Funeral Home	Means of injury	tnjured at work?	?
Address	Clear Sp		Md.	23. SIGNATURE Leulie Sthe	or tole	u
19 Date ree'd by re	16, 19 4)	7-6	Registrar Registrar	Address Clear Apring &		6-13-47

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

05366

#### CEPTIFICATE OF DEATH

311

6		CERTIFICAL	E OF DEATH	Reg. Dist. No	
1. PLACE OF D		on	2. USUAL RESIDENCE (HOME)		
City or town(1f	Williams Outside city or town lin	BDORT. Md . nib, write RURAL and give nearest town)	State aryland c  City or town Hagers t  (If outside city or town limit		
Hospital, Instilution,	or street address where d	eath occurred:  nber Company	street No. 531 Guilfor	d AYE.	•••••
3. (a) FULL NAM		sse Robert Jabobs		3. (b) Social Security N	lumber
4. Sex Male	5. Coior or race	8.(a)Single, married, widowed, or divorced  Widowed	MEDICAL C	e 6 1947	15:15 N
		ginia Jacobs	21. I CERTIFY that death occurred on the date a	bove stated; that I attended decea	sed from
7. Birth date of deceased (mo., day,	, y.) Dec. 14		and that I last saw halive on		DURATION
8. AGE: Yea 48	8 5	Days If less than one day 23hrsmin.	acute coronary	occlusion	
		Vash. Co. Md.	Oue to		
11. Industry or busine	ess	ier	Oue to		
13. Birthplace		Jacobs on Co. Md.	Other conditions (Include pregnancy within 8		
Section 1		Mongan con Co. Md.	Major findings of operations		
16. Intermant		Martin	Autopsy results		
		Oate thereof	22. VIOLENCE: If death was due to external ca		
Cemetery or crema	tory Leave	r Creek Lemetery	Whera did Injury occur?		(State)
		reek, aryland	Means of Injury	Injured at work?	
Address	nagerstown	Mrs E Lee M Erry	23 STONE LAND hee	M. D.	MD:
(Date rec'd by r	registrar)	Registrár	Address. Address.	Bate si Fed	we /- / /



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Beltimore

#### CEDTIFICATE OF DEATH

ngton	- X	P0	11			
erstown		***************************************	state Maryla	and	washingtor	1
eity or town lim	its, write F	tURAL and give nearest town)		Hararotom	m R # 4	
ath?	eer	••••••	100			
address where do	eath occurre	1:	Street No. Broad			
				(If rural, gi	ve LOCATION)	
ution?		······································	2.(a) If veteran, name t	MOHE NOHE		
					3. (b) Social Security	Number
EMORY	KRET	ZER			None	
	6.(a)Singl	e, married, widowed, or divorced		MEDICAL (		A .
1971- J. A	787	l damam				- 77 A
White						
e	Kat:	le	21. I CERTIFY that deal	th occurred on the date a	above stated; that I aftended dac	eased from
		c) if alive give age	UUNE	£1	9 9 / to OUNE	25 194
			and that I last saw h	200 ative on	IUNE 24	19.7
			Immediate vause of de	eath		OURATION
Months	Days	If less than one day	ARTER	OSELER	COTIC HEART	2
2	24	hrs min.	D;	SEASE		
nsboro	Wash.	. Co. Md.				2
(Town, c	ounty, and	state)	O) FM	11114	***************************************	
Farmer			2	-15.he	unextropa.	9
n Tanm			Due-te	1. 61. 60.00.00		
			- sec	ugn:	***************************************	***
			Other conditions		***************************************	** ************************************
oonsbor	o Md	•			0 Al	
aria Du	ble					
Doomah	070	- 4				<b>7</b> -
POOUR	OLO	Ma.			Date of op	70-
e E Kr	etze	r	Autopsy results	your.		
avnesho	ro P	A. B # 2	PHYSICIAN: Please t	underline the cause to	which death should be charged	I atatistically.
		6/27/47				
amoval Which?	Date the	(month) (day) (year)	Accident, sulcide, or he	omicide	Date ot	
			Where did injury occur	?		474-4-3
			]]			
groadic	rdin	g Md.		industry, public place		
Andrew	K. C	offman	Means of Injury		Injured at work?	9
Hages	twon	Md.	1	Liedis (	Horbert JA	and a
6 ,17	24	adthon sond	23. SIGNATURE		M. D.	A STATE OF THE PARTY OF THE PAR
10 19 T	1	0,4 1, 5000000,	Cle	11 Com	ma made	6-26-
	ath? 1 White address where don Place ution?  EMORY color or race White Aprimer arm farm fram Kroonsbor aria Du Boonsbor aria Dunkard	ath? 1 Week address where death occurred address where death occurred an Place ution?  EMORY KRETA color or race  Kat:  April 1  Months  Days 2 24  asboro Wash (Town, county, and Farmer a Farm liam Krteze: consboro Md aria Duble Boonsboro e E. Kretze: aynesboro Pate thee emoval Which?) Dunkard Cem Broadfordin Andrew K. C	address where death occurred:  n Place  ution?  EMORY KRETZER 6.(a)Single, married, widowed, or divorced  White Widower  Katie  6.(c) If alive, give age years  April 1 1868  Months Days If less than one day  3 34 hrs. min.  nsboro Wash. Co. Md.  (Town. county, and state)  Farmer  n Farm  liam Krtezer  consboro Md.  aria Duble  Boonsboro Md.  e E. Kretzer  aynesboro PA. R # 2	State	State LOWN  I Week  address where death occurred:  The Place  White  EMORY KRETZER  allor or race    Cold Single, married, widowed, or divorced   Cold Single, sing	Size a price process where death occurred:  April 1 1868  Months  Bays  Bays  April 1 1868  Months  Bays  Ba

NFADING INK. Supply every item of information carefull ant. Physicians: please write the causes of death clearly an

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

468

05368

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Washington  City or town (If outside city or town limits, write RURAL and give nearest town)  Streel No. 209 North Mulberry St.  (If rural, give LOCATION)
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
MRS. EMMA HERMAN LANTZ  4 Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	None
Female white Wodow	MEDICAL CERTIFICATION A  20, DATE OF DEATH. June 7 1947 19 5
6.(b) Name of husband or wife Harvey C.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	1-1-47 19 10 6-7-47 18
7. Birth date of	and that I last same alive on 6-6-47 18.
deceased (mo., day, yr.) May 1/18/4  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
73 – 20hrsmin.	Course Manuel 6 mg
9. Birthplace Chewsville Wash. Co. Md.  (Town, county, and state)  Housewife  10. Usual occupation.  Own Home	Due to Chr. My rendo 3 ju
The tilestally of the tilestal	
	Other conditions
	(include pregnancy within 3 months of death)
	Major findings of operations
16. Informant Miss Irene Lantz	Autopsy results
Address Hagerstown Md.  Burial  (Burial, cremation, or removal, Which?)  Burial  (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory Smithsburg cemetery	Where did injury occur? (City or town) (County) (State)
Smithsburg Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director. Andrew K. Coffman	Meana of tojury Injured at work?
Address Hagerstown Md.	23. SIGNATURE SW. Sular
19. Jesse 8. 1947 Classificoners/ (1) of rec'd by registrar)  Registrar	Address Bate signed Date signed



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05369

#### CERTIFICATE OF DEATH

Reg. Dist. No. 315

1. PLACE OF DEATH: Washington			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town.  Tilphmenton  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  51 years  Hospital, institution, or street address where death occurred:		State Maryland Colling or town Tilghmanton (if outside city or town limit Street No. (if rural, give	a, write RURAL and give near	rest town)	
How long in hospital c	or Institution?		2.(a) If veteran, name war		
3. (a) FULL NAM	Helen I	eggett		3. (b) Social Security I None	Number
4. Ser Female	5. Color or race White	6.(a)Single, married, widowed, or divorced Widowed	MEDICAL C.	ertification une 10,1 19 47	.ai.3:55Pm
			21. I CERTIFY that death occurred on the date ab Sep • 28 ,	46 , June 10	0, 19 47
7. Birth date of deceased (mo., day,	Man 2 17		and that I last saw haalive on		
8. AGE: Year 51	s Months	Days tt less than one day 24hrsmin.	Immediate cause ni death		
		shMd ounty, and atate)	Due to Vascular syph:	ilis	0.00.0000000000000000000000000000000000
10. Usual occupation.		Duties	Due to. Syphilis.		
12. NameJe	remiah Mong	an	Other conditions Aortic regu	rgitation	Unknown l yr.
₹ 13. BirthplaceTi	lghmant on,	Md	Paresis. Tabes:dorsalis. 1 y		
14. Maiden name	Annie R. Tilghmant	Montson, Md	Major findings of operations		
101 (1110111111111111111111111111111111	s. Jack Sis		Antapsy results		
17. Burial	n, or removal. Which?)	Date thereotJune 13, 1947 (month) (day) (year)	22. VIOLENCE: It death was due to external car Accident, suicide, or homicide	Dale of	
Cemetery or cremat	lory Manor		Where did injury occur?(City or town)		
Locailon	Tileh	mant.on, Md	injured at home, tarm, industry, public place (w		
18. Funeral director	R. I.	Earnshaw	Meens of Injury	Injured at work?	22.0
Address	Keedy	sville, Md	23. SIGNATURE Homes of	alde,	94,20
Date rec'd by r	2 - 19 <i>H</i> 7	John & Bask Registrar	Min and abreeze Ma	M. D. c	1 1 4-

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JUN 16 1947

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

Reg. Dist. No. 302

City or town Hagers to the outside of How long In above place of death Hospital, Institution, or street a Garlock Nu	OWN ity or town limits, write  7. 4 da ddress where death occurre rsing Home	RURAL and give nearest town)  Y S d:	State Penna. Could City or town Clear Ridge (If outside city or town Rural Cifrural, give 2.(a) If veteran, name war. Non	nty Fulton , write RURAL and give near	rest town)
3. (a) FULL NAME				3. (b) Social Security I	Number
Miss Bert	ha Madden	le, married, widowed, or divorced	MEDICAL CO	None	
1, 004					0 . 4 . 5
Female	White	Single	20. DATE DE DEATH June 13,		
7 Right date of		(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date abo	47 10 / 3 Les	19 4 7
	lonths Days		Arterio Scientifica	rdio vasalo	User
10. Usual occupationH	Ridge, Ful (Town, county, and ousekeeper	ton Cty., Pa.	Due to		
			Dther conditions		
	o record		(Include pregnancy within 3 n	nonths of death)	
2 15. Birthplace N	o record				
		ry I. N. Y.	Antopsy results	hich death should be charged	statistically.
· ·		ereof June 16 194	Accident, sulcide, or homicide	Date of	
	-	Cemetery a.	Where did Injury occur?(City or town) Injured at home. farm, Industry, public place (wi	(County)	(State)
		ffman	Mesns of triury	Injured at work?	
Address Ha	gerstown,	Md.	23. SIGNATURE	way	
(Date rec'd by registrar)	1947 6	Korfflowere Registrar		M. D. o	14 day 47

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information carefully. The confident of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

#### 2411 N. Charles St., Baltimore

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County VI S. I. I. Q. C. I.	State Maryland county Washington
City or town(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	
Rostet I, HRNCOCK, Md.	Street No. High Geyman
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Thomas A. Mann	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE OF DEATH
6.(b) Name of husband or wife Lula Becker Mann.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(c) If alive, give ageyears	Jan. 1947, 10 June 13, 1947
7. Birth date of deceased (mo., day, yr.) JUVS 1814	and that I last saw herealive on terred 19 4 7
8. AGE: Years Months Days If less than one day	Immedia course of death OURATION
02 11 5min.	1
Washington Co. Md.	Due to
9. Birthplace (Town, county, and state)	DUC 10-
1D. Usual occupation.	Due fo
11. Industry or business	
12. Name Denten Mann  13. Birthplace Fulton Co. Penna.	Other conditions alleres elevous 142.
	(Include pregnancy within 3 months of death)
14. Maiden name Sarah Ann Scott  15. Birthplace Alleanny Co. Md.	Major findings of operations
15. Birthplace Allegeny Co. Md.	Date of op.
16 Informant GLENN Marin	Autoney results
Address Route#1. Hancock Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. 1 Tune 16 1447	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
[Burial, cremation, or removal, Which?] Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery of exemples, BUCK Valley Methodist	Where did injury occur?
Location Buck Valley Fulton Co. M. Ja	injured at home, tarm, industry, public place (where?)
18 Funeral director Charles R. Bast	Maans ot injury injured at work?
11	a a lital in my
Address TENCOCE MG	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar)  (Date rec'd by registrar)  Registrar	Addres ATTH Orleans Md Date signed 6/13/47
(Date fee d by fegistrat)	

ton sail The total was been to water the same of the De Maria v. a.e.) - CAR SEASON - A Patroll JUN 18, 1947 BUREAU V.B. All Mariana Carlos . . W. TEN TO Taylor Con France Alle of works all A Marsh Harris Tarrell Larrell The second second second E E P WE BY LITE WE MAY DEUT I 1881 N 231 231 The service of the se

rrect age

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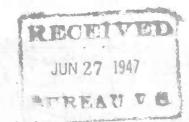
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Dr. Kritzer

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			CERTIFICAT	TE OF DEATH Reg. Diat. No3	02
City or town(11  How long in above place Hospital, institution, of	Hagers town in the control of the co	nits, write RU Hours leath occurred:	JRAL and give nearest town)	2. USUAI. RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State	earest town)
3. (a) FULL NAM	ME			3. (b) Social Security	Number
FR	ANK CARR I			242.03.	7564
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	white	M	arried	20. DATE OF DEATH June 24 1947 19	, 7 P
6.(b) Name of husban 7. Rigth date of	d or wife	nna 6.(e)	) If alive, give age 68 years	21. I CERTIES that death occurred on the date above stated; that I attended decided the state of	
deceased (mo., day		per 13		Immediate cause of death	DURATION
8. AGE: Yea		Days	Il less than one day	A	
62	8	11	min.	Bruch preumonia -	lday_
10. Usuat occupation 11. Industry or busing 22 12. Hame	Sallegn	nan ney C son e N.J	•	Due to	1 day
H 14. Maiden nami	Camden			Major findings of operations.	***************************************
Address  17. Boat B	Hagersto	Mattso wn Md		Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	statistically.
			Pemn.		**********
Address  Address  (Date rec'd by	Andrew K Hagers			Maans of Injury  Injured at work?  23. SIGNATURE  Address: Hagesstocker Md.  Date signed	or other /47 -



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2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

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# Reg. Diat. No.....

	6-TA		Citation	,	TOUR CAR	11010	
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			CERTII	·ICA
1. PLACE OF DEA	ATH:			1
County Washin	ngton			• • • • • • • • • • • • • • • • • • • •
City or town	utside city or town lim	illia	ms port nearest t	own)
Now long in above place	ot death? Poto	mac h	iver (2 da	ys)
Rosnital Institution, or	River Dro	eath occurred:		
How long in hospital or	*************************	*****************		
3. (a) FULL NAMI	•			
J. (a) 1 0 22 10 10 10 10 10 10 10 10 10 10 10 10 10	Eugen	u E	1/sworth	1
4. Sex	5. Color or race		, married, widowed, or divorc	ed /
Male	White	Si	ngle	
5.(b) Name of husband			) If alive, give age	
7. Birth date of				у
8. ÅGE: Years		Days	It less than one day	
33	6	14	hrs.	
W4	lliamspor		1	
9. Birthplace	(Town, c	ounty, and a	tate)	
10. Usual occupation			isher	
11. Industry or busines	Sanders	on Po	er	
質 12. Name. JO	hn Eugene	MILI	er	•••••
3. Birthplace W	illiamspo	rt, l	(eT	
14. Maiden name.	Willa Sn	awn		******
2 15. Birthplace	Magnolia	W. VE	l.•	
16. Informant M.T.S.	. Willa M	ille	(Mogher)	
Address Wil	liamsport			
, Burial		Date there	June 21 (month) (day)	194
(Burial, cremation	, or removal. Which?)	iew C	emetery (day)	(year)
Cemetery or cremate	.,			
			yland	*******
16. Funeral director	Edith V I	LeaI		WA
Address #7 C	hurch St.	W11.	liamsports	MO
19. 6-20	19.47	. 6.	Lee Ma	Regis
(Date rec'd by re	RIBELEL)			T+08 10

	3. (b) Social Security Number	
ler.	215-26-0916	
	ICAL CERTIFICATION	5
2D. DATE OF DEATH	me 17 1947 114	_
21. I CERTIFY that death occurred or	n the data above stated; that I atlanded deceased from	
	оп19	
Immediate cause of death	DURA	TIDN
/ \	•	
hu Hora	line by	
	. 1	
000 10	una	
		******
Due to	ning	
	***************************************	•••••
Other conditions		00000
300078787700000000000000000000000000000	cy within 3 months of death)	
Major findings of operations	•••••	
	Date of op	
///_		
Antopsy results. No	e cause to which death should he charged statistically	

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH.				
COUNTY Washington County MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Washington		
CITY (If outside corporate limits, write RURAL a OR give nearest town) TOWN Highfield			rate limits, write RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural, give location)	
3. NAME OF (First) DECEASED (Type or Print) Jacob Newton Min	(Middle) nich	(Last)	4. DATE (Month) OF June	(Duy) (Year) 3 1947
6. SEX 6. COLOR OR RACE 7. W	SINGLE, MARRIED, YIDOWED, DIVORCED, (Specify) ???married	8. DATE OF BIRTH Apr. 22, 1887	9. AGE last birthday   If und	
10a. USUAL OCCUPATION (Give kind of work   101	b. KIND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (State Waynesboro.	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDE		V.0.
Jacob Minnich			Mary Ruthrauff	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   1 (Yes, no, or unknown)   (If year, give war or dates of	6. Social Security No.	17. INFORMANT		
mervice) no		Mrs. Katheri	ne Bowman highfic	ld
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c).  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not				
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FIND	DINGS OF OPERATION			20. AUTOPSY?
none				
21. ACCIDENT (Specify)   PLACE (	Home, farm, factory, street, fice bldg., etc.)	(CITY OR	TOWN) (COUNT	Yes No ZY (STATE)
OF Wh	JURY OCCURRED ile at Not While ork At work	HOW DID INJURY O	CCUR?	
22. I hereby certify that I attended the de	ceased from Land	:30 A m from th	causes and on the date	
SIGNATURE  SIGNATURE  June 5, 1947  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  SIGNATURE  June 5, 1947	DEPUTY MEDICAL E.  NAME OF CEMETER  Green Hill Ce	RY OR CHEMATORY	Waynesboro, Pa.	DATE SIGNED  6/5/49  nty) (State)

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Kritzer

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2411 N. Charles St., Battimore

CEPTIFICATE OF DEATH

Dist. No. 302

			CERTIFICA	TE OF DEATH	Reg. Dist. No.
City or town	Wa Hager utside city or town I of death? streel address where on Coty.I institution?	Stown imits, write it 3. Wee death occurrent lospit	Weeks	City or town Hagerstow (If outside city or town limits Street No. 629 Penna. A (If rural, give	mother)  pully
	Mrs. M		Illa Moore		None
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION
Female	White		Married	20 DATE DE DEATH June 13.	147 at 3:30 P
6.(b) Name of husband		Enge	ene H.	21. I CERTIFY that death occurred on the date abo	
	Aug.		c) If alive, give age		97, 10 frue 17, 19, 97, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
48	10	10			
1D. Usual occupation  11. Industry or business  12. Name	House Own H narles L. Cher	wife ome Smit	h ove, Va.	Due to	
置 14. Maiden name	Ac	laline	Gentry	Major findings of operations	
15. Birthplace Kefeltown, Va.				Major hadisks of operations.	
16. Informant El	agene H.	Moore		Autopsy results	which death should be charged statistically.
Burial (Burial, cremation,	l , or removal. Which ory. Bakers	Date the	Gemetery  Md.	Where did injury occur?(City or town)	(County) (State)
					tnjured at work?
18. Funeral director	Andrew	K. Co:	ffman	1	1.110
Address  19 Cincle 10 (Date ree'd by re	Hagerst 14, 1947	own,	Md. Kart Bowell Registre	23. SIGNATURE TO LEGGE STEINS	M. D. or other  M. D. ar other  M. D. ar other

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JUN 17 1947

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#### CERTIFICATE OF DEATH

			CERTIFICAT	E OF DEATH	Reg. Diat. No	30.5
City or town	Vashingto Lagerstov Side city or town limit death? reet address where de	ta. write R Life ath occurred	URAL and give nearest town)	City or town Hagers to (If outside eity or town lim 1044 Penna •	of mother)  Sounty	earest town)
3. (a) FULL NAME	Wayne	Har	bld Moser		3. (b) Social Securit 214-09-	
4. Sex male	White	6.(a)Single	married, widowed, or divorced  Married		CERTIFICATION 2, 1947	9:20 P
6.(b) Name of husband or 7. Birth date of deceased (mo., day, yr.)			• Moser Ott alive, give ageyears	21. I CERTIFY that death occurred on the date a	bove stated; that I attended de	19
8. AGE: Years 37	Months 1	Days	It less than one dayhrsmin.	Immediate cause of death	voud.	DURATION
10. Usuat occupation:	contra	ctor ser Coun	ty, Md.	0		
16 Interment Mrs.	Agelecé	E. 1	Moser agerstown, Md.	Actopsy results	which death should be charge	
1B. Funeral director.	removal Which?) Rest Ha gerstown red W. K agerstow	ven ( , Md. raiss	3	22. VIOLENCE: If death was due to external control of the state of the	where?)  Grandwed at work?  DEPUTY  LUCCE WAS	(State)  MEDICAL EXAM.  CO., MB.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	State Mary land County Washing	2 to M
City or town	11	
How long in above place of death? 19 A a V S	City or town (If outside city or town limits, write RURAL and give neare	st town)
Hospital, Institution, or street address where death occurred:	Swar Park Head Level	
How long In hospital or Institution? 19 days.	(If rurnl, give LOCATION)	
3. (a) FULL NAME	3. (b) Social Security N	
Cordelia Morriso		nmoet
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
		4.450
	20. DATE OF DEATH JUNE 28, 1947 19	
6.(b) Name of husband or wife: Chayles E. Mundey	21. I CERTIFY that death occurred on the date above stated; that t attended decease APRIL 15, 1947	8. 1,947
	and that I last saw h. ER. alive on HWNE 28, 1947	10
7. Birth date of deceased (mo., day, yr.) May, 3 1872	Immediate cause of death	OURATION
8. AGE: Years   Months   Days   If less than one day		?
74 7 25 hrs. min.		
9. Birthplace Washington Co., Md.	Bue to HYDROPYELONEPHROS.L.S. B.LLATERAL.	?
10. Usual occupation	OXXX CARCINOMA OF STOMACH	3
11. Industry or business		
12. Name Alec Morrison  13. Birthplace Unknown	Other conditions	***************************************
Z 13. Birthplace Unisnown	(Include pregnancy within 3 months of death)	
14. Maiden name Thuanna Drury  15. Birthplace Tranklin Co. Penna.	Major findings of operations. NONE	2
2 15. Birthplace Tranklin Co., Penna.		
16. Informant Charles E Mundey	Antopsy results	atistically
Address Big Pool Route#1 Md.		stistically.
17 Burial, cremation, or removal. Which?)  Date thereof July (ddy) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	
Cemetery or crematory Rose Lill Cemetery	Where did injury occur?	(State)
Location Clear Spring Md.	Injured at home, farm, industry, public place (where?)	
ALLID R-ST	Meene of injury Injured at work?	
1B. Funeral director	C. O. O. of to	
Address Hancock John Market	23. SIGNATURE Clerkin Cobeck Cote	<u>n</u>
19 fasce 30, 1947 - OKONFT Sowers	Clear Donny End	5-28-47
(Date rec'd by registrar) Registrar	andress	

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist No.

	NO. 2100. 1100. 1100. 1100. 1100. 1100. 1100. 1100. 1100. 1100. 1100. 1100. 1100. 1100. 1100. 1100. 1100. 1100.
1. PLACE OF DEATH:  Washington  City or town  (It outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  10 Years  Hospital, Institution, or street address where death occurred:  134 Randolph Ave.	2.(a) It veteran, name war. None
3. (a) FULL NAME  MRS. LUCY ELLEN MYERS	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single. married, widowed, or divorced  Female White Widow	MEDICAL CERTIFICATION 20, DATE OF DEATH. June 14 1947
6.(b) Name of husband or wife Stokley  6.(c) If alive, give age yei  7. Birth date of deceased (mo., day, yr.) May 20 1875	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
8. AGE: Years Months Days It less than one day 72 O 24hrs	
9. Birthplace Shenandoah Page Co. Va.  (Town, county, and state)  Housewife  10. Usual occupation	Oue to
14. Maiden name Susan Berry 15. Birthplace Shenandoah Va. 16. Informant Floyd C. Myers	(Include pregnancy within 3 months of death)  Major findings of operations.  Oate of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Hagerstown Md.  Burial Oate thereof (Month) (day) (year)  Cemelery or crematory. Rose Hill Cemetery	22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide
Hagerstown Md.  18. Funeral director Andrew K. Coffman  Hagerstown Md.  19. Lune 17. 19. 47. Skapf Bruers  19. Date rec'd by registrar)  Registr	Injured at home farm, Industry, public place (where?)  Means of injury tnjured at work?  23. SIGNATURE  M. D. or other  Address Date signed 4.7.7

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#### MARYLAND STATE DEPARTMENT OF HEALTH X

#### CERTIFICATE OF DEATH

92 05378 Reg. Dist. No. 302

	2411 N. Cha	rlea St., Baltimore  TE OF DEATH  Reg. Dist. No. 302	
City or town Hagerstown	y Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give reaidence of mother)  State	
	e Viola Norris	3. (b) Social Security Number	
4. Sex   5. Color or race   White	6.(a)Single, married, widowed, or divorced  Married	MEDICAL CERTIFICATION  20. DATE OF DEATH	
7. Birth date of deceased (mo., day, yr.) No vember		Immediate cause of death	
8. AGE: Years   Months   46   6	Days   If less than one day   10  ml	Careinouse of Colon (transtate) 2 yrs. 10	
11. Industry or business	wife ildebrand	Due to	
15. Birthplace Frederi 16. Informant George H.	Summers ck, Maryland Norris, Jr.	Major fiedings of operations. As 2f	
17 Burial (Buriat, cremation, or removal, Which? Cemetery or crematory	aven Cemetery	22. VIOLENCE: It death was due to external causes, till in the tollowing:  Accident, suicide, or homicide	
Location Hagerstown,  18. Funeral director. C.M. St.  Address Hagerstown,  19. (Date rec'd by registrar)	ter & Sons	Injured at home, tarm, Industry, public place (where?)  Means of Injury  1 Injured at work?  23. SIGNATURE	



- Committee of the second

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

BC	2 -
Reg. Diat.	No. 305

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infauts give residence of mother)
County Washington	State Maryland County Baltimore City
City or town Breathedsville, Md. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? From 5/2/46	City or town Baltimore, Md.  (If outside city or town limits, write RURAL and give uearest town)
Hospital, testitution, or street address where death occurred:  Md. State Reformatory for Males	Street No. 251 N. Schroeder St.
	(If rurai, give LOCATION)  2.(a) If veteran, name war
How long to hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
CHESLEY CLARENCE PEACE	unknown
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male negro single	20. DATE DF DEATH June 6, 19.47 at 6:33 A
EBOK OFFT	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(b) Name of husband or wife	May 2, 1946 19, 10 June 6 19 47
7. Birth date of	and that f last saw h. Mars
deceased (mo., day, yr.)  8 ACF - Years   Months   Days   If less than one day	Immediate carge of death DURATION
o. Adu.	Julia Interculoris 35-day.
B. Birthplace Oxford, N. C. Granville Count	Soue to.
1D. Usuat occupation	
	Due 10
11. Industry or business	
E 12. Name Andrew Peace 13. Sirihplace No Record	Other conditions
	(Include pregnancy within 3 months of death)
E 14. Maiden name	Major findings of operations
Deceased  14. Maiden name  Deceased  15. Birthplace	Date of op.
18. Informant Md. State Reformatory for Males	Autopsy results
Address Breathedsville, Md.	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
0/0/45	22. VIOLENCE: If death was due to external causes, fill in the following:
	Accident, suicide, or homicide
Cemetery or crematory State Reformatory Cemetery	Where did injury occur?
Breathedsville Md.	tnjured at home, farm, industry, public place (where?)
18. Funeral director. Andrew K. Coffman	Means of Injury Injured at work?
	(.) 0 0 0
Address Hagerstown Md	23. SIGNATURE Protect / Courad M.D.
Lune 9. 47 July 1. 19 est	M. D. or other
19 Date rec'd by registrar)  Registrar	Address Vagoro/rux, ucl Date signed 6-6-7/

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THE LAND OF SECTION OF THE

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

Dr. Kneisley //2

# CERTIFICATE OF DEATH

County	State Maryland County Washington  City or town Hagerstown R # 4  (If outside city or town limits, write RURAL and give nearest town)  Street No. Cearfoss Pike  (If rural, give LOCATION)
How long in hospitat or Institution?	2.(a) If veteran, name war None
3. (a) FULL NAME  JACOB MARTIN PERROTT	3. (b) Social Security Number None
4. Sex 5. Color or race \$.(a) Single, married, widowed, or divorced  Male White Married	MEDICAL CERTIFICATION P  20. DATE OF DEATH June 16 1947 19 41 1.46
6.(b) Name of husband or wite Effice  6.(c) If allve, give age 64 years  7. Birth date of deceased (mo., day, yr.) September 30 1879	and that I last saw halive on
8. AGE: Years Months Days If less than one day 67 8 11hrsmtn.	Immediaje vause of death OURATION  Ly po Static There 2 days  Jerminel (2122/142 adva)
9. Birthplace Clear Spring Wash. Co. Md.  (Town, county, and state)  10. Usual occupation.  11. Industry or business Retired  12. Name Alexander Berrott  13. Birthplace Harrisburg Pa.	Due to
Susan Blatr  14. Maiden name Susan Blatr  15. Birthpiace Welsh Run Pa.  16. Informant Mrs. Fffie Perrott	Major findings of operations.  Date of op.
Address Hagerstown Md. R # 4  17. Burial   Burial, eremation, or removal. Which?)  Cemetery or crematory   Dunkard   Cemetery   Ceme	PHYSICIAN: Pfease underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide
Broadfording Md.  18. Funeral director Andrew K. Coffman  Address Hagerstown Md.	Injured at home, farm, Industry, public place (where?)  Means of tojury  1 Injured at work?  23. SIGNATURE  M.D. or other
19 June 17. 1947 prosetty ower,	148 W. West St. Hages The W 10-16-4

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JUN 19 1947

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

23. SIGNATURE....

	05381
Reg. Diat.	No. 302

CERTIFICATE	OF	DEATH

(If outside city or town limits, write RURAL and give nearest town)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County Washington Maryland Hagerstown (If outside city or town limits, write RURAL and give nearest town) 2024 Virginia Ave.

(If rural, give LOCATION)

How long in hospital or institution?....

County Hagerstown

How long in above place of death? life

Hospital, Institution, or street address where death occurred: 2024 Virginia, Avenue

Washington

1. PLACE OF DEATH:

3. (a) FULL NAME

James Hillard Powers. Jr.

3. (b) Social Security Number None

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Single 6.(b) Name of husband or wife..... June 8, 1945 deceased (mo., day, yr.) Days tt less than one day 8. AGE: Months 11 26 9. Birthplace Hagerstown, Wash, Co. Md. (Town, county, and state) 1D. Usual occupation... 11. Industry or business James H. Powers 12. Name..... 13. Birtholace Hancock, Md. 14. Maiden name MIII.

15. Birthplace Amarath, Pa.

H. Powers 14. Maiden name Mildred Clevenger 16. Informant James H. Powers Address 2024 Virginia, Ave. Hagerstown, Burial Burial Date thereof June 5, 1947 Cemetery or crematory St. Pauls Cemetery U.S. Route 40 near Clearspring 18. Funeral director Snyder - Rowland Address Hancock, Maryland.

MEDICAL CERTIFICATION E. D. S. June 3, 1947 7:20 P.M. 20. DATE OF DEATH ... 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from (Include pregnancy within 3 months of death) Major findings of operations.... PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: Where did Injury occur? ...... (City or town) (County) Injured at home, farm, industry, public place (where?) ..... injured at work? Means of Injury

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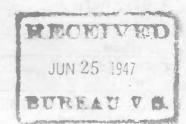
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			2411 N. Chai	les St., Baltimore	1446		
			CERTIFICA	TE OF DEATH	H	Reg. Dist. No	202
How long in above place o	rstown tside city or town line t death? treet address where on Coun	Md. mits, write RUR  death occurred: ty Hosp	AL and give nearest town)	City or town Willi	amsport, ecity or town limits castle F	washingto Md write RURAL and give ness write RURAL and give ness write RURAL and give ness clocation)	
3. (a) FULL NAME		<b>V</b>				3. (b) Social Security	Number
	rine Eli:	zeheth	Rickard			None	
4. Ser	5. Color or race	6.(a)Single, m	arried, widowed, or divorced		MEDICAL CI	ERTIFICATION	
Female	White	Marri	.ed	2D. DATE OF DEATH	//-	47 19	at SP?
8.(b) Name of husband of 7. Birth date of deceased (mo., day, yr.			kard alive, give age 36 yea	21. I CERTIFY that death of	current by the date about 19.	ove stated; that I attended dece	26ed trom
9. Birthplace	Months 3	Days	If less than one day	1 self	mara Cy,		i 5 Day
9. BirthplaceSh	arpsburg (Town. Housewi	Md county, and stat ife	e)	Due to	Greske		5 Day
11. Industry or business				Bue to	***********************	***************************************	
質 12. Name Bru	ce Steve	ens		Other conditions			• 0000000000000000000000000000000000000
	Pa. Florence	e Moat	8	(Include p	pregnancy within 3		
15. Birthplace	Maryla	ind					
Ch.	arles Ri ncastle	ckard Pike W	illiamsport 1	PHYSICIAN: Please nade	rline the cause to w	hich death should be charged	statistically.
Buria	17 Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Broadfording Cemetery			22. VIOLENCE: If death w  Accident, suicide, or homic  Where did injury occur?	lde	Bate of	(State)
Location Broa	dfording	g Road				where?)	
18. Funeral director				Meene of Injury	1	Injured at work?	
18. Funeral director	hurch St	. Will	iamsport, Md	23. SIGNATURE	14	Gare	orethe
(Date rec'd by res	23, 19.47	10 K	Registr	ar Address	aust	of waste signed	6/25/1



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05383

# CERTIFICATE OF DEATH

Reg. Diat. No. 30-24

1. PLACE OF DEATH:	(For newborn infants give residence of mother)
County Tashington Hagerstovn, Taryland	State Maryland county Washington
City or town Hagerstown, Alry Lattu	Company of the Compan
How long in above place of death? 40 years	City or town. Hacers town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 1138 Potomac Avenue
1138 Potomac Avenue	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Kenneth N. Rudisill	3. (0) Social Security Number
	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH Fune 20 18 47 at 9 130 A M
8.(b) Name of husband or wife Ruth I. Rudisill	21, I CERTIFY that death occurred on the date above stated; that I attended deceased from
5.(0) Name of husband of wife	July July 18 10 46 10 June 20 19 41
7. Birth date of Turne 7.5 7.000	and that I last saw h. Amalive on June 99 1847
I . II I I I I I I I I I I I I I I I I	
8. AGE: Years   Months   Days   If less than one day	Immediair cause of death Cenedral Hemorrhage 6/20/4
45 0 5min.	
9. Birthplace Smithsburg, Wash. Co. Md.	Que to arteriosclerosis ?
	Land of the same
tD. Usual occupation Proprietor, Clothing Store	Africanion
tt. Industry or business Rudisill & Wolber	Due to
Ē	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Lydia Miner 15. Birthplace Smithsburg, Maryland	
15. Birthplace Smithsburg, Maryland	Major findings of operations
15. Birthplace Dill Dill Dill Dill Dill Dill Dill Dil	Date of op.
16. Informant Mrs. Kenneth N. Rudisill	Aotopsy results
Address Hagerstown, Maryland	PHYSICIAN: Please underline the caose to which death should be charged statistically.
Buriel6-23-47	22. VfOLENCE: If death was due to external causes, fill in the following;
Burial (Burial, cremation, or removal, Which?)  Bate thereof 6-23-47 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Rest Haven Cemetery	Where did injury occur?
	Injured at home, farm, Industry, public place (where?)
	Masas of Injury Injured at work?
18. Funerat director C. M. Suter & Sons	The state of the s
Address Hagerstown, Maryland	75. SIGNATURE H. S. Porterfield m.D.
77 11 11 11 11 11 11 11 11 11 11 11 11 1	SIGNATURE A.V. () OTHER TO STATE OF THE STAT



MARYLAND STATE DEPARTMENT OF HEALTH

Dr. Victor Miller

05384

Reg. Dist. No. 302

		CERTIFIC	CATE OF DEATH	Reg. Dist. No. 302
City or town	e of death? Yea or street address where death Cast Washing or Institution? Non	write RURAL and give nearest town) ITS occurred: tob St.	2. USUAI. RESIDENCE (HOME) (For newhorn infants give residence of the state of the	of mother)  County Washington  OWN  nits, write RURAL and give nearest town
WILL	IAM MCKINLE	Y SEIGMAN		
4. Sex Male	5. Color or race 6.0	a)Single, married, widowed, or divorced  Divorced		CERTIFICATION 1947
6,(b) Name of husband	01 Alle	.nces 6.(c) If allive, give age	years and that I last saw h	19.47, 10 Janual 24,1
deceased (mo., day.  8. AGE: Year	yr.) January rs Months D	12 1900  ays   If lese than one day	Immediaic cause of death	are C
10. Usuat occupation.  11. Industry or busine  12. Name	Painter Contra George B? Cearfoss Enna Bow	Seigman * Md. ers	Due to	
		. Seigman	Aatapsy results	
Cemetery or crema		tery  Md.  Coffnan	22. VIOLENCE: It death was due to external of Accident, suicide, or homicide	Date of
(Date rec'd by r	25, 1947£	Hast Bower	23. SIGNATURE DIRECTOR Address Address Address	TON, ST. Date signers /2.5

2.(a) If veteran, name war		
	3. (b) Social Secur	ity Number
MEDICAL CE	RTIFICATION	P
20. DATE OF DEATH June 24 19	47 19	,at 1.30
21. I CERTIFY that death occurred on the date abov	e etated; that I attended to	L24 194
and that I last saw h	3	194
mmediate vause of death		OURATION
us to Lufer la	m	Q1
ue to Jaco	1 ( -	
o con y a	160 Sico	
ue to.		
-		
ther conditions		
(Include pregnancy within 8 m	onths of death)	
lajar fiadiogs af aperations	••••••••••••	
	Date ot op	•••••
Autapsy results	ch death should be char	ged statistically.
2. VIOLENCE: It death was due to external caus		
coldent, sulcide, or homicide	Date of	
there did injury occur?(City or town)		(State)
njured at home, farm, industry, public place (who	ere?)	
feans of Injury	injured at work?	

ADING INK. Supply every item of i Physicians: please write the causes RESERVED MARGIN PLEASE S

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JUN 27 1947

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# MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

05385 Reg. Dist. No. 302

1. PLACE OF DEATH:  Washington  City or town  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  48 Lears  Hospital, Institution, or street address where death occurred:  68 west side ave.			Street No. 68 West Side Ave.  (If rural, give LOCATION)		
ΛE.		Anna Anna A		3.(b) Social Security Number None	
5. Color or race White	S.(a)Single	Married		al certification e 25 1947 a / A.	
•••••	§.(c)	If alive, give ageyear	21. I CERTIFY that death occurred on the	date above stated: that Lattended deceased from  19.47, to fune 2 19.4.  June 2 4 19.4.)	
rs   Months	Days 14	it less than one dayhrsmin.	Immediate cause of death	Esoflagus	
Ketired ss yrus Ship	Merch	ant	Due to		
7.7			The state of the s	ithin 3 months of death)  Date of op.	
			Autopsy results	se to which death should be charged statistically.	
n, or removal. Which?	Date thereo	(month) (day) (year)	22. VIOLENCE: If death was due to exte	ernal causes, fill in the following;  Date of	
	W. Kra		Injured at home, farm, Industry, public p	Injured at work?	
	ashingtor Hagersto outside city or town ce of dealh? 48 or street address where est side or instilution?  (Town New Tranklin ounkno outside city or town ce of dealh? 48 or street address where est side or instilution?  (Town Retired outside city or town (Town Retired outside city or town (Town Retired outside city or town Retired out	ashington  Hagerstown  Goutside city or town limits, write Rice of dealh?  Stream or street address where death occurred:  est Side Ave.    5. Color or race   6.(a) Single.   White     6.(a) Single.   White     6.(b) Single.   White     6.(c) Single.   White     7. May 10, 186   8. Months   Days     1	ashington  Hagerstown outside city or town limits, write RURAL and give nearest town) ce of dealh? 48 rears or street address where death occurred: est side Ave.  or instilution?  ME  Cyrus J. Shipp  5. Color or race   6.(a) Single, married, widowed, or divorced   White   Married  d or wite   Bette S. Shipp   6.(c) If allve, give age   years   years    years	Ashington  Hegerstown  Gestown the Kural and give nearest town)  Gestown the kural and give nearest town)  Gestoff the season of	



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

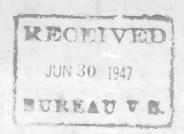
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05386

### CERTIFICATE OF DEATH

Reg. Diat. No. 306

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Stale
3. (a) FULL NAME amos Shock	Rely 3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Male   W.   M.    6.(b) Name of husband or wire auxa May Bark dell.   Single married, widowed, or divorced   M.    6.(c) Name of husband or wire auxa May Bark dell.   Single married, widowed, or divorced   M.    6.(c) Name of husband or wire auxa May Bark dell.   Single married, widowed, or divorced   M.    6.(c) Name of husband or wire auxa May Bark dell.   Single married, widowed, or divorced   M.    6.(d) Name of husband or wire auxa May Bark dell.   Single married, widowed, or divorced   M.    6.(e) Name of husband or wire auxa May Bark dell.   Single married, widowed, or divorced   M.    6.(e) Name of husband or wire auxa May Bark dell.   Single married, widowed, or divorced   M.    6.(e) Name of husband or wire auxa May Bark dell.   Single married, widowed, or divorced   Single married	MEDICAL CERTIFICATION  20. DATE DF DEATH  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 5. to
8. AGE: Years Months Days If less than one day 7 4 5 27	Duration  Duration  Duration  Duration  Duration
tD. Usual occupation	Due to
14. Maiden name Malfolda & Ohles  15. Birthplace md.  16. Informant Mass Laura Shackey  Address Smithsburg Md.	Major findings of operations
17. (Burial, cremation, or removel, Which?)  Cemetery or crematory.  Location	Accident, suicide, or homicide
18. Funeral director Waynesboro Pa  19. June 20 19 + 7 Ser VV Tyrguran	23. SIGNATURE Waster Housing M. D. or other  M. D. or other  And Wasping Down Pains Rate signed 6/19/47



05387

	CERTIFICATE OF DEATH	72d 05387 Reg. Diat. No. 302
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HON (For newborn infants give resi	ME) OF DECEASED:
county Washington	Manualand	County Washington
City or town Hagerstown (If outside city or town limits, write RURAL a		
How long in above place of death? 11 Years	City or town 11386186 (If outside city or to	OWN own limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	2409 Vir	ginia Ave
2409 Virginia Ave	(If ru	ral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war NOD	le
3. (a) FULL NAME		3. (b) Social Security Number
Mrs. Martha J. Clark	Shoop	None
4. Sex   5. Color or race   6.(a) Single, married		AL CERTIFICATION P. I
Famala make		29 1947 19 ,10,3
Fenale White Wido	20. DATE OF DEATH	
6.(b) Name of husband or wife Denton J	21. I CERTIFY that death occurred on the	e date above stated; that t altended deceased from
	plye age years	110/10-1
7. Birth date of	and that I last waw h	//
	s than one day	- Sclerosia- DURA
o. Au.	hrs. min.	- Endo Carditis
		- 200 AW1. 3
9. Birthplace Funkstown Wash. C (Town, county, and state)	Due to.	••••••
Hassanert fo		
^	Due to	
11. Industry or business Own Home		
25 ( 12. Maine	Other conditions	
	(include pregnancy)	within 2 months of death
14. Malden name		
0	Majur findings of operations	
		Date of op.
16. Informant Mrs. Beulah Pauls	Autupsy results	use tu which death should be charged statistically.
Address Hagerstown Md.	R # 1	
Burial Date thereof	2/1/47 22. VIOLENCE: If death was due to ex	
(Burial, cremation, or removal, Which?)	month) (day) (year)  Accident, suicide, or homicide	
Cemetery or crematory Dunkard Cemet	Where did Injury occur?(City o	or town) (County) (State)
Location Beaver Creek M	Injured at home, farm, Industry, public	place (where?)
18. Funeral director Andrew K. Coffma:		injured at work?
Addges Hagerstown Md	23 SIGNATURE HIS DE	Wilfon M. D. or other
(1110 30, 167 Bless	Howers 23. SIGNATURE	M. D. or other
(Date rec'd by registrar)	Registrar Address Hages Stere	a. Md . Bate signed

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ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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NS

3:30Pm

DURATION

### CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:  County Washington  City or town Hagerstown  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  Washington County Hospital  How long in hospital or institution?  14 Hours		2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of State Maryland co City or town. Hagers town (If outside city or town limit Street No. 823 W. Wash (If rural, give None)	mother) unit
3. (a) FULL NAME	./		3. (b) Social Security Number
Letitia			None
4. Sex 5. Color or race 6.(	a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION
Female White	Single	20. DATE OF DEATH June 30	19.47 at 3:
	The second secon	21. I CERTIFY that death occurred on the date ab	ove stated: that attended deceased from
6.(b) Name of husband or wife		Jua 30 19	
	6.(c) If alive, give ageyears	and Mart last saw halive on	
7. Birth date of deceased (mo., day, yr.) June #0	1947	0	
	ays   if less than one day	Immediate cause of death	DURA
	14 hrs min.	atelecton	- ( Fr way ) 14
9. Birthplace Hagerstown.  10. Usual occupation Infant  11. Industry or business  12. Name Richard P. St.  13. Birthplace Hagerstown	nowe	Due to	
Hagerstov	E. Poffinberger	(Include pregnancy within 3	\
16. Informant RICHEFO P. SI	lowe	Autopsy resalts	shich death should be charged statistically.
Address Hagerstown.	Md.		
	ate thereof 7/1/47 (month) (day) (year)	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	
Cemetery or crematory Rest Han		Where did injury occur?(City or town)	(County) (State)
Location Hagerstown Mc	4	injured at home, tarm, Industry, public place (	where?)
18. Funeral director. Andrew K.		Msans of Injury	Injured at work?
Address Hagerstown Mc		(80) N.	and was
19 Coley 1, 19 47	Chast Bowers, Registrar	23. SIGNATURE. Address / 48 W. core ST.	Hoyen kun w.d., or other





#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

#### CERTIFICATE OF DEATH

()539() Reg. Dist. No. 30 2

				Reg. Dist. No.
1. PLACE OF DI		aton	2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED: of mother)
City or lown		State waryland c City or town Hagers (If outside city or town lim		
1007	Hamilton	Blvd.	(If rural, give	liton Blvd.
	or Institution?	· · · · · · · · · · · · · · · · · · ·	2.(a) If veteran, name war	***************************************
3. (a) FULL NAM		arles lettis Shufe	lt	3. (b) Social Security Number none
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL O	CERTIFICATION
male	white	married	20. DATE OF DEATH June 30, 1	1947 19 4; QO P. A
6.(b) Name of husband	d or wife. Edit	h Shufelt	21. I CENTIFY That death occurred on the date a	bove stated: that attended deceased from
7. Birth date of deceased (mo., day,		20. 1853	and that I last saw halive on	June 30, 147
8. AGE: Yea		Days If less than one day	Immediate cause of death.	rates Art
1D. Usual occupation	L	Quebec, Canada	Due to	m /y +
11. todustry or busine	ss Retired	Shufelt		
H 12. Name	yrus Orange, w	·- · · · · · · · · · · · · · · · ·	Dther conditions	
E 13. Birthplace	Orange, M	ew jork	(Include pregnancy within	months of death)
14. Maiden name	e	ettis	Major fiediegs of eperations Hou	<u></u>
≥ 15. Birthplace	wary F	Lanada	- none	Date of op
		- Parsan	PHYSICIAN. Please underline the cause to	which death should be charged statistically.
		n, Blvd. Lagerst wr	22. VIULENCE: 11 death was due to external c	auses, fill in the following:
		Date thereof	7Accident, suicide, or homicide	Date of
		Haven Cemetery	(100,000	
	No. of the last of	wn, Md.		Injured at work?
		Kraiss Martland	(e) Worsen	resper
July	2, 1947	Chartelowere	23. SIGNATURE.	M. D. er other July 1.194



PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Porterfield

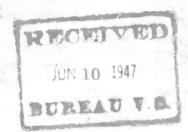
Oil. Holenbauer.

05391

Reg. Diat. No. 302

### CERTIFICATE OF DEATH

				Keg. Diat. 140	
H:			2. USUAL RESIDENCE (HOME) Of	F DECEASED:	
City or town			state Maryland county Washington		
			City or town Hagers town	BUBAY	
			650 Singet	A 37 A	rest town)
			(If rurnt, give LOCATION)		
litution? 2	Week	8	2.(a) tt veteran, name war. None		
3. (a) FULL NAME					Vumber
CE FULLI				None	
				ERTIFICATION	۴
White	Ma	rried	20. DATE OF DEATH June 6	19. 47	112:30
wite Char	les S	hull	21. I CERTIFY that death occurred on the date abo		
					-
Months	Days	If less than one day	Immediate cause of death.		ouration of day
5	14	hrsmln.		——————————————————————————————————————	J
			Due to Ity pret trution - ai.	terisoelen he - distant	hukum
			Due to	***************************************	******************
			Bahan anadikinan	•••••••••••••••	*****************
			other conditions		***************************************
Heranet	OWEN ?	Id			
magerst	OWII I	4.6			
P	b. da. 1. b.d	liter	Actopsy results	bich death should be charged :	statistically.
	1	1-1			
1	Date there	6/8/47			
Rest. He	ven				(CA-A-)
				Injured a1 work?	
		iman			
gerstown	Md.		1/22 SIGNATURE John At Itos	whe het he?	72.
8. 1.47	62	east Bowers		And de	01.1
trar)		Registrar	Address Hagero tower .	Date signed	76/47
	death? 2 Weet address where do n Councilitation? 2 CE FULLI Cotor or race White Char December Months 5 CE FULLI Cotor or race White Char December Months 5 CE FULLI Cotor or race White Char December Mary Killiagerst Mary Killiagerst S Williagerst S Williagerst Council Co	gerstown  gerstown  gerstown  gerstown  death? 2 Weeks  death? 2 Weeks  eet address where death occurred  con County Ho  slitution? 2 Week  CE FULLER SH  Cotor or race  White Ma  Charles S  Months Days  5 14  Tstown Wash  Housewife  Own Home  cob Fuller  Hagerstown  Mary King  Hagerstown  S Williard S  erstown Md.  Rest Haven  erstown Md.  Andrew K. Cor  gerstown Md.  Andrew K. Cor  gerstown Md.	gerstown  gerstown  death? 2 Weeks  death occurred:  con County Hospital  Sitution? 2 Weeks  CE FULLER SHULL  Color or race  White Married  White Married  Charles Shull  See Sh	Gerstown  death? 2 Weeks  death? 2 Weeks  et address where death occurred:  for County Hospital  County Hosp	gerstown gerstown gerstown gerstown gerstown gerstown death? Sweeks  County Weeks Con County Hospital Color or race White Charles Shull Color or race Color or race Color or race White Charles Shull Color or race Co



PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05392

### CERTIFICATE OF DEATH

Reg. Dist. No. 30 2

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Huston Slaughter	3. (b) Social Security Number
14. Sex S. Color or race S.(a) Single, married, widowed, or differed Married  8.(b) Name of husband or wife T. Corence Slaughter  5.00	20. DATE OF DEATH.  20. DATE OF DEATH.  21. I CERTIFY That death occurred on the date above stated; that I attended deceased from 19.47.
7. Birth date of deceased (mo., day, yr.) Your 12, 1895	and that I last saw h. h. alive on free (3 19 5.7.  Immediate came of death OURATION
52 1 3 3hrsmin.	answe his aeroling 6 40.
9. Birthplace Lessentow Da. (Town, county, and state)  10. Usual occupation Colleged - Sanitary Communium -	Due to
11. Industry or business  12. Name Shept Slaughter  13. Birthpiace Lexington, 2/a.	Other conditions
14. Malden name amella James  15. Birthglace Lexington, Va.	(Include pregnancy within 8 months of death)  Major findings of aperations
16. Informant Mrs. F Carence Slaughter	Autupsy results
17. Burial (Burial, cremation, or removal, Which?) Date thereof (month) (dat) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cometery or prematory Peace All Cemelery Location Hagerstoewn, Md.	Where did injury occur?
18. Funeral director Millians A Dawsey Address 29/Fredrick at Hoose stown	Means of Injury Injured at work?
19 June 18, 19 4 7 fill it Bowell (Date ree'd by registrar) Registrar	23. SIGNATURE M. D. or other 7/07 Address S 9W-Washington Date signed 0/17/07

RECEIVED

JUN 20 1947

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

Reg. Diat. No. 302

1. PLACE OF DEATH: Nashington County					2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Washington  City or town. Ragers town  (If outside city or town limits, write RURAL and give nearest town)  Street No. Church St.  (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number		
0. (0) 1022 111112	Do	niel	Edward Sm	nith	5. (b) Both Bethirty Manber		
4. Sex 5. Cot	or or race		, married, widowed, or divorced	11 011	MEDICAL CERTIFICATION		
Male	Vhite	Wid	lowed	-	20. DATE DF DEATH. June 3 19.47 218:258 M		
6.(b) Name of husband or wife.	Dais	y El	Len Smith		21. I DERITFY that death occurred on the date above stated: that I attended deceased from		
7. Birth date of deceased (mo., day, yr.)	April	21,	16 alive, give age	years	and that I last saw h ative on		
	Months	Days			Impredia cruse of dotth DURATION		
69	]	12	hrs	min.	hente distingtites for		
9. Birthplace Bolivar Frederick Md.  (Town, county, and atate)  Framer  11. Industry or business Retired					Due 10.  Due 10.  Due 10.		
13. Birthplace Ur	hriam		<u> </u>		Other conditions		
14. maiden name	y Dr iknown	ench			Major fiedings of operations		
16. Informant Adam	n Smi				Actorsy results		
Burial (Burial, cremation, or rem Cemetery or crematory	noval. Which?) Dunkard	Date there	of 6-6-47 (month) (day) (year	r)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Beaver Cree k Md.  18. Funeral director. Scott F. Minnich & Son					Injured at home, farm, Industry, public place (where?)  Meens of injury  tnjured at work?		
	gerstov	12	ext Bower	NJ gistrar	23. SIGNATURE M. D. or other  Address Court Date signed 4/4)		

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ago is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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Way Warn

... Date signalu.

Hagerstown. Md.

Hagerstown . Md.

Letter from Charles H. Bowers in permanent file containg reasons for the "UNKNOWN" information entered on certificate



PLEASE

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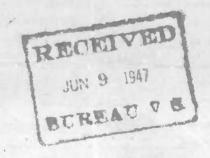
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Battimore

# CERTIFICATE OF DEATH

05395 Reg. Dist. No. 302

1. PLACE OF DE	ATH:	n			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)		
County							
City or town					State Maryland County Washington		
			WAL and give ner	arest town)	City or town. (If outside city or town limits, write RURAL and give nearest town)		
			. 194		(If outside city or town limits, write RURAL and give nearest town)  350 N. Cannon Ave.		
			y Hospi	tal	Street No		
		7 09V	7S	***************************************	(If rural, give LOCATION)		
	or institution?		***************************************	· · · · · · · · · · · · · · · · · · ·	2.(a) If veteran, name war		
3. (a) FULL NAM	IE				3. (b) Social Security Number		
	Wi	llian	n Z.	Sparro	220-10-3245		
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, o	r divorced	MEDICAL CERTIFICATION		
Male	White	Ma	rried		20. DATE OF DEATH. June 4 47 at 2:55p		
	Anna	н.	Sparrow		21. I CERTIFY that death occurred on the date above etated; that I attended deceaced from		
	0 or wite			56	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
7. Birth date of				yeareyeare	and that I last saw h		
deceased (mo., day,	yr.) Octobe	r 12	3, 1876		Immediais cause of death		
8. AGE: Yea	re Months	Days	if less than one d	lay			
70	7	23	hre.	mln.			
Mi	ddletown	Fre	ederick	Md.	Due to C		
9. Birthplace	(Town,	county, and	atate)		0 3		
tD. Veual occupation.	Salesm	nan					
11. Industry or busine	PHI	avis	Co.		Due to		
MI Ho	Word R S	barro	W		Manufacture 1 1 a manufacture 1		
E 12. Name	Middleto		Ad.		Other conditions		
₹ 13. Birthplace	Emma J.				(Include pregnancy within 8 months of death)		
본 14. Maiden name					Major findings of operations.		
14. Maiden name	William	sport	t Md.		major radicals of operations.		
A	rs. Anna	H. ST	parroy				
16. Informant	lagerstown			********************	Antopay results		
Addrese					22, VfOLENCE: If death was due to external causes, fill in the following:		
Buria	n, or removal. Which?)	Date ther	eof 6-7-	47	Accident, suicide, or homicide		
(Burlal, crematio	n, or removal. Which?)	1477 0	(month) (	day) (year)			
Cemetery or crema	tory Rose E	TITI C	Cemetery	***************************************	Whera did injury occur?		
Location	Hagers	town	Md.		Injured at home, farm, industry, public place (where?)		
1R. Funeral director	Scott F.	Minr	nich & S	on	Means of Injury finjured at work?		
Addrees	Hagersto	Wn	Md.		, () 7 3		
Madice	2/ 12	1/2	1. 11/	2.100	23. SIGNATURE. M. D. or other		
19. Jun	26. 194/	16h	autica	ever			
Date rec'd by r	egistrar)			Registrar	Address Date signed 6/6/4		



DR. PEREGRINE WROTH " HAGERSTOWN, MARYLAND uplandon iste. Core a Efortal recetad

3 yrs. ago. Bilvine orchidesty Strangul sted melileid harring with recovery. Pyonephrois terrial wet.

05396

		CERTIFIC	ATE OF DEATH	Reg. Diat. No	302
City or town(  How long in above pi Hospital, institution.  Wash  How long in hospita	shington Hagerstown If outside city or town life lace of death?	mits, write RURAL and give nearest town)	2. USUAI. RESIDENCE (HOME) ( (For newhorn infants give residence of state Maryland Co  City or town Sharpsburg (If outside city or town finish Street No. Main St. (If rural, give 2.(a) If veteran, name war None	mother) unity	nearest town)
3. (a) FULL NA				3. (b) Social Security	
	JOHN SILV	ER SPITSNOGLE    6.(a)Single, married, widowed, or divorced		717-09.	+185
4. Sex				ERTIFICATION	
Male	White	Married	20. DATE DF DEATH June 20,		
******************		lie Rohrer. 65	21. I CERTIFY that death occurred on the date at moy 13 19	47 to June 2	
7. Birth date of deceased (mo., da	ay, yr.) Octob	er 15, 1880	and that I last saw h. A. alive on		
8. AGE: Y	ears Months	Days If less than one day  5hrs.	Typlousphrite	š	1ma t
10. Usual occupation	R.R. Conness Retur	county, and affate) ing ton Co.  conductor  ed  itsnoble	Due of Carcinoma of	produte	1917
	THE PARTY OF THE	burg W. Va.			20 yr
监 14. Maiden na	me Mary Si	burg W. Va.	(Include pregnancy within 8	months of death)	20 yr
14. Maiden na 15. Birthplace	Mary Si Clears	lber pring Md. e Spitsnogle	Major findiogs of operationa. Santas.  Coerceirous prostat  Actopsy result Published the cause to v	months of death)  bloomd  Date of op. 20  cerumona  which death abould be charge	arbstole
14. Maiden na 15. Birthplace 16. tnformant Address 17. Burit	Mary Si Clears Mrs Birdi Sharpsbur	lber pring Md. e Spitsnogle g Md.	Major findiors of operations. Sanction  Carceirous  Actopsy results you long that the physician: Plede underline the enose to w  22. VIOLENCE: If death was due to external careful actor of the physician of the	months of death)  Dole of op. 20  Core of op. 20  which death abould be charge suses, fill in the following;  Date of	ad atatistically.
14. Maiden na 15. 8irthplace 16. tnformant Address 17. Burial cremat	Mary Si Clears Mrs Birdi Sharpsbur al tion, or removal, Which?) matery Rest	lber pring Md. e Spitsnogle g Md.  Date thereof 6/23/47 (year)	Actorsy results.  PHYSICIAN: Plede underline the cause to v  22. VIOLENCE: If death was due to external ca Actident, suicide, or homicide.  Where did injury occur?  (City or town)	months of death)  Date of op. 20  Color which death should be charge suses, fill in the following;  Date of	d atalistically. (State)
14. Maiden na 15. 8irthplace 16. tnformant Address 17. Burit (Buriul, cremat Cemetery or crer Location	Clears Clears Mrs Birdi Sharpsbur al tion, or removal, Which?) malory Rest Hagerstown	lber pring Md. e Spitsnogle g Md.  Date thereof 6/23/47 (year) Haven Cemetery	Accident, suicide, or homicide.  Where did injury occur?  (City or town)  Injured at home farm, industry, public place (city)	months of death)  Date of op. 20  Color which death should be charge suses, fill in the following;  Date of	d atalistically. (State)

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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Dr. Ditto

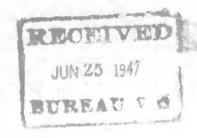
Reg. Diat. No. 302

## CERTIFICATE OF DEATH

PLACE OF DEATH:  Washing ton  Flagers town  Of town Indigers town limits, write RURAL and give nearest town)  Woong in above place of death?  Spital, institution, or street address where death occurred:  Washing ton County Hospital  Woong in hospital or institution?  21 Days	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Mashington  City or town Hagers town R #2  (If outside city or town timits, write RURAL and give nearest town)  Street No. Hopewell Road  (If rural, give LOCATION)  2.(a) It veteran, name war. None
---	---

How long in above place of the Hospital, institution, or street as the Hospital Rashing to the Hospita	death? 21 eet address where d	Days	3pital	City or town
3. (a) FULL NAME				
MR	S ANNIE	LOUIS	SE STONER	
4. Sex   5.	. Color or race	6.(a)Single	, married, widowed, or divorced	
Female	White	Mal	ried	20, DATE OF DEATH.
		6.(c	) It alive, give age 63	21. I CERTIFY that d
7. Birth date of deceased (me., day, yr.)	oune	NO TO	004	and that I last saw 4
8. AGE: Years			If less than one day	0
62	11	22	hrs.	min. Care
10. Usual occupation  11. Industry or business  12. Name	Housew Own Ho rles Me agersto No. Reco	ife ome tzer wn Md. ord	Go. Md.	Other conditions
			r	
			R # 2	PHYSICIAN, Plans
17. Burial (Burial, cremation, or	removal, Which?)	Date there	of 6/23/47 (month) (day) (year Cemetery	22. VIOLENCE: If Accident, suicide, o Where did injury oc
			fuan	II as and
Addyss I	Hagersto	own Mg	ast Sower	23. SIGNATURE

3. (b) Social Security Number None MEDICAL CERTIFICATION June 20 leath occurred on the date above stated; that I attended deceased from clude pregnancy within 3 months of death) e underline the cause to which death should be charged statistically. death was due to external causes, till in the tollowing; (City or town) m, Industry, public place (where?) ..... injured at work? M. D. op other



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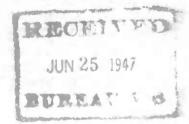
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MARYLAND STATE DEPARTMENT OF HEALTH  $^{\mathrm{Dr.}}$  Norment

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

City or town	ngton	red: Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: (For provious infants give residence of mother)  State Maryland County Washington  City or town Hagerstwon (If outside city or town limits, write RURAL and give neurest town)  Street Ho.  (If rural, give LOCATION) None		
3. (a) FULL NAME	DENNIS SWI	CHPD		3. (b) Social Security None	lumber
		ingle, married, widowed, or divorced	MEDICAL	ERTIFICATION	
Male	White	Single	20. DATE OF DEATH June 21 19		7 P
	June 21 1	6.(e) If alive, give ageyears	21. I CERTIFY that death occurred on the date about 2 in and that I lest saw h. AMM alive on	ove stated; that attended decear H1 to une 2 m2	
8. AGE: Years	Months Days - P	16 less than one day 12 hrs. 27 min.	Corgenital ata	tertasis	
10. Usual occupation  11. Industry or business	Infant cold D. Swis	her	Due to		
H 14. Maiden name	Jan S Ki	sner	(Include pregnancy within 3		
16. Informant	arold D. Swi	sher	Autupsy results		ta tistically,
Burial		thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external cal Accident, suicide, or homicide	Date of	
location near	c Clearsprin	g Md.	Injured at home, facety industry, public place (w		
Addyces	Andrew K. Hagersto		& SIGNATURE OF NOW	ent Mis	
(Date rec'd by regi	3. 19 47 A	5 Hast W Tower  Registrar	Address Stagly Non A	M. D. o  Date signed	6/21/47



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 175a

### CERTIFICATE OF DEATH

& Reg. Diat. No. 30 4

V	
1. PLACE OF, DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County WashingTon Hangage	State PEANZ County Fulton Co.
City or town	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where doath occurred:	Street No. 13 lack Oak
Routet Hancock	(If rurat, give LOCATION)
. How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William Swisher	- 204-03-5856
4. Sox 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20, DATE OF DEATH. 6-14 19 47 21 6:1.57 M
6.(b) Hame of husband or with Virginia Bishop	21. I CERTIFY Ingly yearh occurred on the daje above etgied; that I attended deceased from
SWISKET 6.(c) It alive, give age 32y	CT 19 7 (2, 10 19 19 19 19 19 19 19 19 19 19 19 19 19
7. Sirth dato of deceased (mo., day, yr.) March 16, 1906	aed that I to saw halive on
8. AGE: Years Months Days If less than one s	Immediair cause of death
4.1 2 29 -hrs	min. Fractured of me 8-30-4/
9. Birtholace Hancock Wash, Co., Md	
(Town, county, and atate)	VC 14.
1D. Usual occupation	Duo to
11. Industry or business	
12. Hame John D. Swisher  13. Birthplaco Fulton Co. Penna.	Other conditions
13. Birthplaco + Ulton Co., Tenna.	(Include pregnancy within 8 months of death)
14. Maiden namo Barbara Spade  15. Birthplaco Fulton Co. Penna.	Major findings of operations
\$ 15. Birthplaco Fulton Co. Lenna.	Date of op.
16. Informant Blain Swinker	Antopsy results
Address Hagerstown Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. 13. 7 (Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)	22. VIOLENCE: It doath was due to external causes, till in the tollowing;  Accident, suicide, or homicide
47 1 11 11	Where did lature occur?
Cemotory or seemstory Duck Valley Luineran	Where did injury occur? (City or town) (State)
Location Suck Valley Tu TONLO, TEAR	Monns of Injury Acts Terrical And Injured at work? Hes
18. Funeral director. Charles R. 132sT	Moans of Injury act trulo All Injured at work?
Address Hancock Md.	Herbert R. Lothers m. D.
11.6/19/49 Jan X/58881	23. SIGNATURE M. D. or other
Vate rec'd by registrary Regis	trar Address Plancock Tollate signod b 16 T

a 2 h moto midered A Constitute Constitut A COSE A PLANT Salah Marini III Altonomic to the sture of rahain a mortility anicial tille Swisker Blanch Blanch Fift of money JUN 19 1947 BUNEAUS A to - This will mistall CHAIR SOUT TOWN TO THE ments the Land land land Anders Alarma Called Janes Tract The Italy 

#### MARYLAND STATE DEPARTMENT OF HEALTH <

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

Reg. Dist. No. 30 2

1. PLACE OF DEATH:  (County)  (Count		
Sile town (If outsile city or given miles, write fully and given nearest town)  Now long in abone place of dealth 2 1 of the state of t		2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
Bor long in shorn place of dealth Add Addieses when feath accurates    Simple   Market   Addieses when feath accurates		State Md County Washington
Sirel No.   Sirel		City or town Wagers town
Sirel Mo.   Control   Country   Coun		(If outside city or town limits, write RURAL and give nearest town)
Here long in hospital or instillation?  3. (a) FULL NAME  3. (b) Social Security Number  2.19 - 05 - 061  4. Set  4. Set  5. Copir of race  6. (a) Single, married, inforced, or diversed  MEDICAL CERTIFICATION  20. DATE OF DEATH  21. 10 EATHER Wild Congregate in the date above stated; that I althofice despeased from the cases of mon, day, rr.)  6. AGE: Yeare  MEDICAL CERTIFICATION  20. DATE OF DEATH  21. 10 EATHER WILD CONTROL TO THE STATE OF DEATH  21. 10 EATHER WILD CONTROL TO THE STATE OF DEATH  22. DATE OF DEATH  23. 10 EATHER WILD CONTROL TO THE STATE OF DEATH  24. 11	4/ .	Street No
3. (a) FULL NAME  3. (b) Social Security Number 2/9-05-0061  4. Set  6. (c) Stage of race  8. (c) It aller, give age  9. (c) Haller, give age  9. (c) It aller, give age  18. AGE: Tear  19. and that liet was harder on the data above stated; that attabased degeased from  18. It has then one day  19. and that liet was harder on the data above stated; that attabased degeased from  18. Inmediate cause of death.  19. and that liet was harder on the data above stated; that attabased degeased from  19. Birthplace  19. and that liet was harder on the data above stated; that attabased degeased from  19. Birthplace  19. and that liet was harder on the data above stated; that attabased degeased from  19. Immediate cause of death.  19. and that liet was harder on the data above stated; that attabased degeased from  19. Birthplace  10. Inmediate cause of death.  10. But to  11. Industry or business  12. Wasne  13. Stripplace  14. Maiden name  15. Acter on the data above stated degeased from  18. Industry or business  19. and that liet was harder on the data above stated degeased from  19. and that liet was harder on the data above stated degeased from  19. and that liet was harder on the data above stated degeased from  19. and that liet was harder on the data above stated degeased from  19. and that liet was harder on the data above stated degeased from  19. and that liet was harder on the data above stated degeased from  19. and that liet was harder on the data above stated degeased from  19. and that liet was harder on the data above stated degeased from  19. and that liet was harder on the data above stated degeased from  19. and that liet was harder on the data above stated degeased from  19. and that liet was har		
4. Ses  5. Color of race  6. (a) Single, married, billowed, or directed  MEDICAL CERTIFICATION  20. DATE OF DEATH  21. I CERTIFY Ingle death occurred, as the date above stated; the 1 satisfied deglased from  18. (b) Haller, give age  5. Color and the state of deceased (me., day, yr.)  6. (c) Haller, give age  6. (c) Haller, give age  7. Birth deato of deceased (me., day, yr.)  8. AGE: Yeare Monthe Daye II fees than one day  19. It fees than one day  10. I level occupation.  10. I level occupation.  11. Industry or bushness  11. Industry or bushness  11. Industry or bushness  11. Informat  12. Kanne State in Common, and state of death.  Major findings of operations.  13. Shrippince  14. Maiden name Astronomy. An area of death.  Major findings of operations.  15. Other or control of the contr		
4. Sas  5. Coper of race  6. (a) Name of horband or wife.  6. (b) Hame of horband or wife.  6. (c) Hame of horband or wife.  7. Birth date of deceased (me, day, y.)  8. AGE: Yeare Months  9. Birthplace  11. Industry or buchess  12. Industry or buchess  12. Industry or buchess  13. Birthplace  14. Madden name.  15. Coper of race  15. Industry or buchess  15. Industry or buchess  16. Industry or buchess  17. Industry or buchess  18. Industry or buchess  19. Industry or buchess  19. Industry or buchess  10. Industry or buchess  11. Industry or buchess  12. Isame.  13. Birthplace  14. Madden name.  15. Sirthplace  15. Informant.  16. Informant.  17. Informant.  18. Flueral days or cremation, or removal, which is the formal of the control of the case to which death should be charged statistically.  27. VIOLENCE: It death was due to external eases, ill in the tollowing:  17. Committy or crematory.  18. Fueral director.  18. Fueral director.  19. July Grand Committed  19.	3. (a) FULL NAME Jaseth J. Jeete	
8. (b) Hame of hutband or wife		
8. (c) It alive, give age years deceased (mo. day, yr.)  8. AGE: Yeare Monthe Daye It less than one day  7. 8 in higher deceased (mo. day, yr.)  8. AGE: Yeare Monthe Daye It less than one day  7. 8 in higher deceased (mo. day, yr.)  9. 8 in higher deceased (mo. day, yr.)  10. hr.  11. Industry or buchness  12. Name Annual Crown, connuty, and state)  13. 8 in higher deceased (mo. day, yr.)  14. Malden name Major findings of operations  15. 16 in higher deceased (mo. day, yr.)  16. Informant Major findings of operations  16. Informant Major findings of operations  17. (Involution, or removal, Wolch?)  18. Funeral director or removal, Wolch?)  18. Funeral director or committed for the control of the contr	M. W. Widowed	20. DATE OF DEATH. Ce//2/4 7 19 21 M
1. Sirrhplace   1. Sirrhplac		
7. Birth date of deceased (mo. day, yr.)  8. AGE: Yeare Monthe Daye It less than one day  7. Birthplace of Monthe Daye It less than one day  9. Birthplace of Monthe Daye It less than one day  10. Usual occupation.  11. Industry or business  11. Industry or business  12. Name Other conditions  13. Birthplace  14. Maiden name of Monthe Organical Maiden of Maiden name of Monthe of death)  15. Birthplace Other conditions  16. Informant May Address / 2112 Ying mina are found of Months (month) (day) (year)  16. Differ coremation, or removal, Which;  16. Deather or removal, Which;  17. Demetery or crematory or maintained of Months (month) (day) (year)  18. Funeral director of Months of Months (month) (day) (year)  18. Funeral director of Months (month) (month	B.(0) Hame of husband or wife	1 1-1.11.1
Second (mo., day, yr.)   Magust 2   Second	7. Birth date of	
8. AGE: Year Monthe 10 Day It fees than one day 10 hrs. min.  9. Birthplace		
9. Birthplace	8. AGE: Yeare   Monthe   Daye   It ress than one day	
10.   Usual occupation.   Country   and atate)	79 10 10hrs,min.	Consel & Section 1/14
10.   Usual occupation.   Country   and atate)	The bl. C. P.	-
11. Industry or business    12. Name	9. Birthplace(Town, connty, and state)	Due to
11. Industry or buelness    12. Name	10. Veval occupation The Tined Sugmeen	
12. Name		Due to
13. Birthplace  (Include pregnancy within 3 months of death)  14. Maiden name	MI O I T	
(Include pregnancy within 3 months of death)  14. Maiden name		Other conditions
15. Birthplace  16. Intermant	- John Committee of the	(Include pregnancy within 3 months of death)
Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external sauses, till in the tollowing;  Accident, suicide, or homicide.  Date thereof.  Cemetery or crematory.  Location  Location  Location  Address  Signature  23. Signature  24. Signature  25. Signature  26. Signature  26. Signature  27. VIOLENCE: It death was due to external sauses, till in the tollowing;  Accident, suicide, or homicide.  Where did injury occur?  (City or town)  Injured at home, tarm, industry, public place (where?)  Means of injury  Injured at work?  M. D. or other	= 14. Maiden name	
Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external sauses, till in the tollowing;  Accident, suicide, or homicide.  Date thereof.  Cemetery or crematory.  Location  Location  Location  Address  Signature  23. Signature  24. Signature  25. Signature  26. Signature  26. Signature  27. VIOLENCE: It death was due to external sauses, till in the tollowing;  Accident, suicide, or homicide.  Where did injury occur?  (City or town)  Injured at home, tarm, industry, public place (where?)  Means of injury  Injured at work?  M. D. or other	5 15 Stribalces	
Address / 21/6 Ying inia are lagerstone  17. (Burish, cremation, or removal, Which?)  Cemetery or crematory	301 B D C ALD D	Date of op
Address / 21/2 regard and and agentons  17	18. Intermant / Us Dertha / Welds	Autopsy results
Date thereof (month) (day) (year)  Cemetery or crematory.  Location (City or town) (County) (State)  Injured at home, tarm, industry, public place (where?)  Means of injury  Means of injury  M. D. or other	Address /216 Yuginia ave Dagerslow	
Cemetery or crematory	17 Busial Pate therent Clare 16, 1947	
Location Means of injury injured at work?  18. Funeral director and Land Jeets 23. Signature 23. Signature M. D. or other	(Burin, cremation, or removal. Which?) (month) (day) (year)	
Location Means of injury injured at work?  18. Funeral director and Land Jeets 23. Signature 23. Signature M. D. or other	Cemetery or crematory	Where did injury occur?
18. Funeral director deal and a second Means of injury Injured at work?  Address Green at Le Ferna 23. SIGNATURE 23. SIGNATURE M. D. or other		
Address Grencastle Ferna.  28. SIGNATURE SENDENT M. D. or other		Means of injury Injured at work?
M. D. or other	18. Funeral director and to the seed of th	14.011
M. D. or other	Address Medencastle tenna.	Sterphung, No
. AND ICE IS IN SCHOOL STONE CONTINUE ( NO. 1. 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	General 17 Beauthannan	28. SIGNATURE M. D. or gether
	(Dato rec'd hy registrar)  Registrar	Address Address Todon SMJ Date signed 6/13/4/

RECEIVED JUN 16 1947

BUREAU F 6

# MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

(15411 Reg. Dist. No. 305

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	State maruland county Washington	
(If outside city or town limits, write RURAL and give nearest town)	00 00 00 00 00	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)	
Boowline md. R.	Street No. 13 ooroboro Md. R. I.	
How long In hospital or Institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
ada arbelin 2	homas - none -	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Married	20. DATE OF DEATH 28" 1047, at 1. 40"	0.1
6.(b) Name of husband or wife Earl V. Illomas	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from	
	Felenay 6" 19.46, to June 28° 19.4	4.7
7. Birth date of deceased (mo., day, yr.) March - 29 - 1985	and that I last saw h. A. A. alive on	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATIO	
62 2 29hrsmin.		16aa-16
9. Birthplace Mean Boundons Cural Ca . md.	Due to Love time of the Aprice 149-47ms	אגג
10. Usuel occupation House Wife		*******
11. Industry or business a own Home	Due to	
E 12. Name Otho J. Shifler	Other conditions	
I 13. Birthplace Wash, Co. md-	(Include pregnancy within 3 months of death)	
# 14. Malden name. Orlhalin Doul.		
14. Maiden name. Orlolin Doul.	Major findings of operations	
16. Informant Eval V. Thomas	Autonsy results.	*******
Address Boouston Md. R.I	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?)	Accident, suicide, er homicide	
Cemetery or crematory Doublow Cerutary	Where did injury occur?	*******
Location Buouslos md.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Cory 3. Bast 9 Sous	Means of Injury Injured at work?	
Address Boouston md.	fr 1. 12.1 2.1	
hun 30 47 Jahr de Rast	23. SIGNATURE M. D. or other	*******
(Date rec'd by registrar)  (Date rec'd by registrar)  Registrar	Address / Zanishan md. Date signed 6/30/4	7.



PLAINLY, WITH UNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly and

PLEASE WRITE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

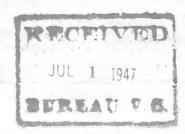
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#### CERTIFICATE OF DEATH

eg. Dist. No. -302

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Hagerstown Maryland (If outside city or town limits, write RURAL and give nearest town)	State Maryland County, Washington
How long in above place of death? 25 years  Hospital, institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)  Street No. Alexander Hotel
Washington County Hospital  How long in hospital or Institution? 1 day	(If rural, give LOCATION)
J. Earlston Thropp &.	3. (b) Social Security Number 216-20-0568
4. Sex   5. Color or race   6.(a) Single, married, widowyd, or divorced	MEDICAL CERTIFICATION
Male White Married	2D. DATE OF DEATH James 26, 147 219, 201.
6.(b) Name of husband or wife Alice Hart Thropp.  6.(c) If alive, give age 74 year 7. Birth date of Wohnwary 10 1877	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 1945, to 1945, to 1945, and that I last saw here alive on June 25, 1947
deceased (mo., day, yr.) February 10, 1873	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one daymin	n. Dislose 430-4
9. Birthplace Conshohocken, Pa.	Due to Descripensation 4-30-4
1D. Usual occupation.	Due to acute to truly former for
11. Industry or business Jairchelds aircraft Division	2 Sususpines garden
13. Birthplace Conshohocken, Pa.	Other conditions
14. Maiden name Caroline Moorehead  15. Birthplace Philadelphia, Pa.  Mrs. J. E. Thropp	(Include pregnancy within 3 months of death)  Major findings of operations
2 15. Birthplace Philadelphia, Pa	Date of op.
16. Informant	Antopsy results. Please underline the cause to which death should be charged statistically.
Address Hagerstown, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial (Burial, cremation, or removal, Which?)  Rose Hill Cemetery	Accident, suicide, or homicide
Cometery or crematory Hagerstown, Maryland .	Where did injury occur? (Otty or town) (Codnby (State)  Injured at home, farm, industry, public place (Where?)
Location C. M. Suter & Sons	Means of Injury Injured at work?
Address Hagerstown, Maryland	10. Horas yeager
18 (Date ree'd by registrar)  18 (Date ree'd by registrar)  Registra	23. SIGNATURE M. D. pr other  Address Dagerson ( Miss Date signed une 27.4



PLAINLY, WITH UNFADING INK. Supply every item of information carefully especially important. Physicians: please write the causes of death clearly and

WRITE PLAINL

PLEASE

correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimora

### CERTIFICATE OF DEATH

05345
Reg. Diat. No. 30.2

1. PLACE OF DEATH: County WAS HINGTON.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town HAGGRS TOWN (If outside city or town limits, write RURAL and give nearest town)	State County	. *** * * * * * * * * * * * * * * * * *	
	City or town	•	
How long to above place of death?	(If outside city or town limits, write RURAL and give nearest to	wn)	
magnat, mattation, of street address micro acuti osserves.	Street No		
How long in hospital or institution?	2.(a) If veteran, name war		
2 (a) FILL NAME			
UNKNOWN.	3. (b) Social Security Number	PL.	
4. Sex   5. Color of race   8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
MACE WHITE	20. DATE OF DEATH. BetweenJune 25 & 28 19	47	
	21. I CERTIFY that death occurred on the date above stated: that f attended deceased fro		
6.(b) Name of husband or wile	19. to		
7. Birth date of	and that I last saw h alive on		
deceased (mo., day, yr.)		DURATION	
8. AGE Years Months Days It less than one day	Immediate cross of dearm.	DOMATION	
hrsmin.	Fractured skull		
9. Birthplace	crushed chest hemorrhage	*******************	
1D. Usual occupation.	Due to and shock		
11. Industry or business	Due to	****	
딸 12. Name	Other conditions		
12. Name			
	(Include pregnancy within 3 months of death)		
14. Malden name	Major findings of operations		
≥ 15. Birthplace	Date of op		
16. Informant	Actopsy results		
Address	PHYSICIAN: Please noderline the caose to which death shoold be charged statistic	ally.	
BURIAL JULY 2 1947.	22. VIOLENCE: If death was due to external causes, fill in the tolowise.	28	
BURIAC  (Burial, cremation, or removat. Which?)  Bate thereof. July 2, 1947.  (month) (day) (year)	Accident, suicide, or homicide. accident Date of June		
Cemetery or crematory BELCE YOU CEMETERY	, Where did injury occur? Unknown (City or town) (County) (State	1947	
Location MAGERSTOWN,	Injured of home form Industry public place (where?) in RR car		
18. Funeral director I=RED W. KRAISS	Msans of Crushed by shifting of work umber	in	
	DEPUTY MEDICA	IL EXAM.	
Address HAGERSTOWN. MB.	23 SIGNATE POPULAT Wells WASH CO.,	MD.	
" July 2, "47 Chast Dowers,	M. D. or other		
Date would be pariety a	Address Up congt com Md Bata signatule	0171	



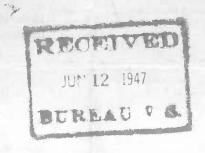
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	054113
Reg. Dist.	No. 202

			CERTIFICA'	TE OF DEATH	Reg. Dist. No. 302
tow long in above place to spital, institution, or washingt.  Washingt.  tow long in hospital of the spital of the	Washington Hager stown putside city or town i of death?	imits, write in 7 weel death occurred to spits 7 weel in Ward	is a land of the second of the	City or town Rural Keedy (If outside city or town) Street No	County Washington Sville Sville Signature RURAL and give nearest town)  3. (b) Social Security Number  L CERTIFICATION  June 8 19 47 at 1:05
			c) If allve, give ageyear	4-25	late above etated; that I attended deceased from1942
deceased (mo., day, 8. AGE: Year	yr.)	Days 24	If less than one dayhrsmin.	Immediate cause of death Acuts Nep Milis, and	Bondo freum oria
10. Usual occupation.  11. Industry or busines  12. Name	No.  Leo H. War	one rd	ton-Maryland state)	Major findings ol operations	thin 3 months of death)
14. Malden name Amy A. Drury  15. Birthplace Slyvian-Penna  16. Informant Mr. Leo H. Word  Address Keedysville, Md. R.F. D. # 1  17. Burial Date thereof June 11, 1947  (Burial, cremation, or removal. Which?) (month) (day) (year)  Cemetery or Campbelles - Manor		Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide			
		cnshaw.	eryland  Essfrowers	Injured at home, farm, Industry, public pl Means of Injury  23. SIGNATURE  Address: / 3 5 N. Po To	M. D. on other



# 1. PLACE OF DEATH:

County Washington

Rural - Hancock
(If outside city or town limits, write RURAL and give nearest town)

flosplial, institution, or street address where death occurred:

3. (a) FULL NAME

Samuel Harrison Weller

6.(a) Single, married, widowed, or divorced 5. Color or race male white married

8.(b) Nama of husband or wife Mary B. Weller

7. Birth date of May 5, 1873

deceased (mo., day, yr.) if less than one day Months Days Years 8. AGE: 23 74

Washington Co. Md.
(Town, county, and state)

Farmer 10. Heual occupation.

11. Industry or business

Charles Weller 12. Name.....

Washington Co. Md.

14. Maiden na 15. Birthplace Sarah Jane Weller 14. Maiden name... Washington Co. Md.

Mrs Mary B. Weller 18. Informant ...

Hancock. Md.

Burial (Burial, cremation, or removal, Which?)

July 1,1947
(month) (day) (year) Date thereof.....

......hrs. ...... min.

Location Shives Cemetery East of Hancock

18. Funeral director. Snyder-Rowland

Hancock, Maryland

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland county Washington

Hancock (Rural)

(If outside city or town limits, write RURAL and give nearest town)

5 miles East of Hancock

(If rural, give LOCATION)

2.(a) If yeteran, name war.....

3. (b) Social Security Number

DURATION

MEDICAL CERTIFICATION une 28

20. DATE OF DEATH .... 21. I CERTIFY that death occurred on the date above stated; that I attended decaased from

une 2 die

Immediate cause of death

(Include pregnancy within 3 months of death)

Major findings of operations

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, sutcide, or homicide ....

Whera did lajury occur? .....(City or town) injured at home, farm, Industry, public place (where?) .....

injured at work? Means of injury

23. SIGNATURE

(County)

information carefully of death clearly and item of i MARGIN RESERVED FOR BINDING

PLAINLY, Is especially

COPY SENT TO LOCAL REGISTRAR No. DATE 1-3-47



Address 214 M. Patanze St. Date signed Tone 9- 47

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH Reg. Dist. No. 302 2. USUAI. RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newhorn infants give residence of mother) County Washington Maryland Couoty Washington Hagerstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 5 Years Hospital, institution, or street address where death occurred: Street No. 236 Hager St. 236Hager St. (If rural, give LOCATION) How long in hospital or institution? 3. (b) Social Security Number 3. (a) FULL NAME None ANNIE ANGLE WINGER 5. Color or race MEDICAL CERTIFICATION Female White Married June 7, 19 47 5: 30P M 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife Clyde E. Winger Tune7 1947 10 Tune7 1947 6.(c) It alive, give age 67 years and that I last saw h E. C. alive on T. V. N. e. 7 19 19 19 19 October 30, 1888 deceased (mo., day, yr.) Immediate cause of death..... If less than one day Years ... | Months Coronary Thrombosis /day 58 Welsh Run, Franklin Co. Pa. Due to Comon mary selemon is House Wife 10. Usual occupation. Own Home 11. Industry or business 12 Name Bery F. Angle Claylick Pa. 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden name Lucy Corbett Clearspring Pa. 16 loformant Miss S. Helen Winger PHYSICIAN: Please underline the cause to which death should be charged statistically. Hagerstown Md. 22. VIOLENCE: It death was due to external causes, till in the following: Date thereof 6/10/47 (month) (day) (year) Accident, suicide, or homicide..... Gemelery of Gremalory Welsh Run Dunkard Cemetery Where did injury occur? (City or town) Welsh Run Pa. Injured at home, farm, Industry, public place (where?) ..... Manns of Injury 18 Funeral director Andrew K. Coffman Hagerstown Md. 23. SIGNATURE. M. D. or other

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JUN 11 1947

REREAU V 8.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CEDTICICATE OF DEATH

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BINDING

FOR

RESERVED

MARGIN

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	D:	B.T.	302

CERTIFICAT	E OF DEATH Reg.	Dist. No.
I. PLACE OF DEATH:  County. Washington  City or town Hagerstown  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of dealh?  Hospital, institution, or street address where death occurred:  Washington County Hospital  How long in hospital or institution?  4 Days	2. USUAL RESIDENCE (HOME) OF DECEASE (For newborn infants give residence of mother)  State Maryland Couoty Wa  City or town. Big Spring R # 1 (If outside city or town limits, write RURA  Street No. Uf rural, give LOCATION)  2.(a) If veteran, name war.	shington
3. (a) FULL NAME FRANK CALVIN ZIMMERMAN		ocial Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   Male   White   Single	MEDICAL CERTIFICATION NAMED IN THE STATE OF DEATH STATE OF DEATH STATE OF DEATH STATE OF THE STA	ATION AA
5.(b) Name of husband or wife  7. Birth date of deceased (mo., day, yr.) April 3 1877  8. AGE: Years Months Bays If less than one day 70 2 22 hrs. min.  9. Birthplace Hancock Wash/Co. Md  (Town, county, and state)  10. Usual occupation Farmer  11. Industry or business Own Farm  12. Name Henry C, Zimmerman  13. Birthplace Sylvan Pa.  14. Maiden name Sarah E, Winger  15. Informant Walter C. Zimmerman	21. I CERTIFY that death occurred on the date above stated; that with the state of	ate of op. None.
Address Clear Springs Md.  17. Burial Date thereof 6/27/47 ((Burial, cremation, or removal, Which?) (month) (day) (year)  Cemetery or crematory Methodist cemetery  Location Little Cove Pa.  18. Funeral director Abdrew K. Coffman  Address Hagerstown 15. d  19. May 26 19. May 19.	23. SIGNATURE Ceclie Bobes	following: Bate of

